



Violence Against Housemaids and Associated Factors in Jimma Town, Southwest Ethiopia, 2023

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Keywords: Violence against housemaids; Jimma town; Southwest; Ethiopia.

Abbreviations: ILO: International labor organization; IPV: Intimate partner violence; NGO: Nongovernmental organization; ODK: Open data toolkit; WHO: World health organization; VAH: Violence against housemaids.

Abstract

Background: Violence against women is a pervasive public health problem that remains hidden and largely under-reported. Although all women are vulnerable to violence, the probability of experiencing violence against housemaids seems to be particularly high. However, evidence on the prevalence of violence against housemaids and associated factors is scarce.

Objectives: To assess the prevalence and factors associated with violence against housemaids in Jimma town, southwestern Ethiopia, in 2023.

Methods: A community-based cross-sectional study design of 422 housemaids living in Jimma town. Simple random sampling was used to select participants. To collect the data, a questionnaire administered during a pretested structured interview was used. Quantitative data were collected using an open data kit and then exported to SPSS version 26. Bivariate analysis was performed to select candidate variables with P values < 0.25. Then, multivariable logistic regression was used to determine factors associated with P values less than 0.05 with their respective AORs and 95% CIs. Finally, a report was presented.

Results: The work lifetime prevalence of violence against housemaids was 61.7%. Violence against housemaids during their work lifetime was associated with having no formal education (AOR=3.7; 95% CI: 1.22-11.33), having a duration of work greater than four years (AOR=2.6; 95% CI:1.44-4.99), having two to four durations of work (AOR=2.4; 95% CI:1.29-4.61), having a job by broker (AOR=2.8; 95% CI:1.72-4.62), lacking a specific task (AOR=1.8; 95% CI:1.07-2.90), no social support (AOR=4.5; 95% CI:1.56-12.89), and having more than six families (AOR=5.4; 95% CI,2.19-13.49).

Conclusion and recommendation: The prevalence of violence against housemaids was relatively high. Over one-third (46.7%) of them experienced at least one incident of physical, psychological, or sexual violence. Educational status, duration of work, having a job with a broker, lack of specific tasks, social support, and family size were factors associated with violence against housemaids.



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Introduction

Violence against women is a main public health problem that affects the physical, sexual, mental, and social well-being of women [1]. Scholars have used several criteria to express common forms of violence: physical violence (slapping, hitting, kicking, and beating), sexual violence (forced intercourse and other forms of coerced sex), and psychological violence (intimidation and humiliation), which can be defined as the relationship between the perpetrator and victim Intimate Partner Violence (IPV) and non-IPV [2,3].

Globally, all types of violence overlap in relationships and are significant public health problems, but the level and pattern of violence significantly vary among settings, cultures, and segments of the population [4].

The health consequences of violence include short- and long-term physical, mental, sexual, and reproductive health problems for women. This violence leads to high social and economic costs for women, their families, and societies [5]. It leads to stress, depression, loss of self-esteem, reluctance to join the wider world, and more severe psychological and physical problems [6]. Such violence can have fatal outcomes, such as homicide or suicide, injuries, unintended pregnancies, induced abortions, gynecological problems, and sexually transmitted infections, including HIV, miscarriage, stillbirth, preterm delivery, and low birth weight babies [5].

The women who are doing the homemaker service in the other's house are known as domestic servants, domestic workers, or housemaids. Generally, women do these types of work for their own and familial livelihood [7].

Worldwide, 75.6 million domestic workers, 76.2%, are female, and 82% of the world's domestic workers are in developing and emerging countries [8]. In Ethiopia, estimates from the Ministry of Labor and Social Affairs (MOLSA) show that 1.5% of women in the country are currently working as domestic workers [9].

Most housemaids in Ethiopia are young females [10]. Housemaids are the most vulnerable group for any of the forms of all types of violence, as they face the greatest obstacles to gaining protection and necessary services, and the dependence on employers for obtaining and retaining employment might facilitate exploitation. The working setup, such as domestic setup, lack of resting room, the time spent on work, and loneliness by itself, makes them vulnerable categories of workers [11].

Other social, cultural, and sometimes linguistic barriers faced by domestic workers and the limited knowledge of legislation seem to increase their vulnerability [12]. In particular, the movement of vulnerable women and young people with little education and few job skills increased, with a high proportion being housemaids [13]. Housemaids are a neglected population segment of the world, especially in developing countries, including Ethiopia [14].

According to the ILO, housemaids are the most vulnerable group of laborers to all forms of abuse and exploitation [15]. Globally, 75.6 million, Africa 3.8 million, and Ethiopia, over 248,600 people employed, are being exploited, and a quarter of all domestic workers are not afforded any legal rights at all [16]. Housemaids constitute 90.7% of the total domestic employment in Ethiopia, which is neglected by basic labor rights [17].

Therefore, this research attempted to provide information on the prevalence, causes, and consequences of violence against

housemaids. For governmental organizations, NGOs serve as an input for evidence-based decision-making on promoting programs for better reproductive health care and addressing the information gap about factors associated with violence against housemaids, allowing clients and stakeholders to intervene in such aspects. Moreover, it will be useful for enhancing the existing limited body of knowledge and baseline data for researchers to conduct further studies on violence against housemaids.

Methods and materials

Study area and period

The study was conducted in Jimma town, Southwest Ethiopia, from August 1-30/2023. Jimma town is the capital and administrative center of the Zone and is located 352 km from Addis Ababa. The town has a total population of 224,000, of whom males account for 112,896 females 111,104 according to the 2023GC Jimma zone health bureau population projection report. There are 42,742 households in the town. Because of the instability of the sector, it is difficult to obtain the exact number, but the town Labor and Social Affairs estimates that there are more than 11,500 housemaids in the town.

Study design

A research utilized a *community-based cross-sectional design*.

Source population

The study population included all randomly selected housemaids working in selected kebles using the census and those who lived at least six months. All the housemaids in the selected kebele in Jimma town were the source population. To reduce selection bias, housemaids who had been working live-out were excluded.

Sampling technique and procedure

Out of the 17 Kebeles found in the town administration, five Kebeles (i.e., about 30% of all Kebeles) were selected by a lottery method.

A census was conducted to get a list of households and the number of housemaids within each selected Kebeles. During preliminary census identifying each household was given a consecutive code number corresponding to the house having housemaids. The assessment format, which contains information to be filled out like code number, usual area of residence (kebele), and house number was important during the actual data collection period. Additionally, a map of the selected kebele was used to identify the house and locate the place for data collection.

The total sample sizes were proportionally allocated for the kebeles based on their study population size to obtain the required number of study participants. The sampling method employed to select study participants was a simple random sampling technique, which helps to specify the sampling unit. A sampling frame was used containing the list of housemaids with house number. Based on this, the required number of participants was selected by using sample frame HH having housemaids simple random sampling technique. The eligible participant was interviewed in each kebele until the number of sampled populations by SRS was covered, for households with more than one eligible housemaid; the interview was done by selecting a participant by using the lottery method. Two repeated visits were made in cases of unavailability of the selected sub-

ject rather than simply considering them as non-response rates.

Sample size determination

The sample size was calculated by using EPI Info version 7.2.5.0 by considering different assumptions. To determine the prevalence of violence against housemaids, the sample size was determined by assuming a 50% prevalence of violence against housemaids ($P = 0.50$), a 95% confidence interval, a 5% margin of error, and a 10% non-response rate [22].

Variables

Violence against women (work lifetime): A housemaid was considered to have experienced lifetime violence against women if she reported at least one act of physical, psychological, or sexual violence at any point in her working lifetime [18].

Housemaids: Females who work at the household level [19]. Or any person engaged in domestic work within an employment relationship [20].

Workplace: The workplace includes any place where work is carried out (e.g., office, site, factory, or shop), including the home [21].

Measurements

Physical violence: If the participant replied “yes” to one of the following questions: slapping or throwing something at the woman that could hurt her, pushing or shoving, hitting with a fist or something else that could hurt, kicking, dragging or beating, choking or burning on purpose, and/or threatening with, or actually having a gun, knife or other weapon used on the victim [22,23], she was considered to have experienced physical violence.

Psychological violence: If the participant replied “yes” to one of the following questions: insulting or making to feel bad about herself, belittling or humiliating her in front of other people, or doing things to scare or threaten her on purpose [22,23], she was considered to have experienced psychological violence.

Sexual violence: If the participant replied “yes” to one of the following questions: “Faced with unwelcome Touch sexually (e.g., on breasts, genitalia, kissing, etc.), verbal jocks, Comments; or made you something that you didn’t, forced to have sex that you have escaped, sexual intercourse forcefully or by any means that you didn’t want to or against your interest [24], she was considered to have experienced sexual violence.

Substance use: This study referred to the respondent’s use of at least one of the substances (alcohol, chat, cigarettes) in an individual’s lifetime to alter mood or behavior [25].

Social support: Social support was assessed with the Oslo 3 social support measurement scale. There are three questions with 14 points where participants, fewer than three with no social support, and scores of 3-8 indicate poor social support, 9-11 moderate social support and 12-14 good social support. It consists of three items that ask for the number of close confidants, the sense of concern from other people, and the relationship with neighbors, with a focus on the accessibility of practical help [26].

Lack of a separate sleep room: those who had no separated bed room, who slept at the corridor or kitchen and others who shared a bedroom with other male family members and guests [27].

Extended family: In this study, employers’ families (wives/husbands) included brothers, sisters, grandparents, aunts, uncle, cousin, or in-laws [28].

Survivor: A person who has been physically, sexually, and/or psychologically violated [29].

Data collection tool, personnel, and procedure

An interviewer-administered structured questionnaire was prepared based on the standard WHO multicounty study on women’s health and domestic violence against women, and different kinds of literature were reviewed [14,24,28,30,31]. The questionnaire included questions about socio-demographic and parent-related factors, personal housing-related factors, employer-related factors, work-related factors, and types of violence. Six female diploma nurses who could speak the local languages and two supervisors who were qualified with BSc nurses were recruited.

Data collection techniques

From the preliminary data, the Code number of the participant, usual area of residence kebele, zone name, house number, and map of kebele were used to locate the household. Data collectors were assigned to collect data from housemaids at their living places (Households). Questionnaires were filled in by the data collector and all data collectors were assigned to one selected kebele at a time to decrease information contamination. The time to complete the questionnaire was between 20 to 30 minutes on average on average was filled by each data collector. The interview was conducted individually at a convenient place for the participant. The overall data collection process was supervised by two female supervisors.

Data quality management

To ensure data quality, emphasis was given to designing the data collection instruments, which were then translated to the Afaan Oromo and Amharic languages by language experts, after which they were translated to English by another person to check consistency. Before the actual data collection, a pretest was conducted on 5% of the sample in Agaro town, and the feedback was incorporated accordingly. The data collectors and supervisors were trained for one day on the objective of the study, the data collection tool, the approach to the interviewees, and the ethical and safety aspects of conducting violence research. At the end of each day, the questionnaires were reviewed and crosschecked, and corrective measures were taken.

Data analysis procedures

The data were exported from the ODK to SPSS version 26 for further analysis. To describe the relevant variables of the study population, frequencies and percentages were used for categorical variables, while means and standard deviations were used for continuous variables. Binary logistic regression was used to perform a bivariate analysis between dependent and independent variables. A P value <0.25 was used as a criterion to select candidate variables for multivariable analysis. Multivariable logistic regression analysis was done to adjust for possible confounding variables. Assumptions were checked response variables can only two possible outcomes, absence of multicollinearity, no outlier, linearity and normality. The strength of the statistical association between dependent and independent variables was measured using a P -value <0.05 and adjusted odds ratio at a 95% confidence interval. The goodness of fit of the model was checked by the Hosmer- Lemeshow goodness-

of-fit test p-value of 0.41 the work lifetime. Finally, the result was presented in text, table, and graphs.

Author declarations

Ethical consideration

Ethical clearance and approval were obtained from the Institutional Review Board of Jimma University, Institute of Health (Ref.No: JUIH/IRB/444/23)[35]. All of the study participants were informed about the purpose of the study, their right to refuse, and their confidentiality, and written informed consent was obtained before the interview. For minors <18, written informed consent from their parent/legal guardian and written assent from the children were obtained to participate. Each participant was informed before the interview that if someone interrupted the interview, the topic would be changed to a pre-agreed neutral topic on women’s health. At the end of each interview, females who were victims of violence and who did not seek care were informed about the necessity of medical care and legal protection as well as where it was given.

Results

Socio-demographic characteristics

A total of 415 housemaids participated in the study, for a response rate of 98.3%. In this study, over half (54.9%) of the respondents were aged 15-19 years. The mean age of the respondents was 20.37 years (SD±4.56). More than one-third of the participants (171, 41.2%) had no formal education. The majority (329, 79.3%) came from rural areas. Of the respondents, (213, 51.3%) of the housemaids had their parents alive, but the majority of the respondents (385,92.8%) had no social support (Table 1).

Table 1: Socio-demographic characteristics of housemaids in Jimma town, Southwest Ethiopia, 2023 (n=415).

	Variables	Frequency	Percent
Age	15-19	228	54.9
	20-24	133	32
	>25	54	13
Income	<=500	61	14.7
	501-1000	272	65.5
	1001-1500	64	15.4
	1501-2000	18	4.3
Educational status	No formal education	171	41.2
	Primary (1-8) education	142	34.2
	Secondary (9-12) education	83	20
	College and above	19	4.6
Marital status	Single	367	88.4
	Married	33	8.0
	Others	15	3.6
Childhood residence	Rural	329	79.3
	Urban	86	20.7
Parent survival status	Both alive	213	51.3
	Only mother alive	73	17.6
	Only father alive	49	11.8
	Both died	80	19.3
Education level of father(n=262)	No formal education	221	84.4
	Primary (1-8) education	38	14.5
	Secondary (9-12) education	3	1.1
Education level of mother(n=286)	No formal education	268	93.7
	Primary (1-8) education	18	6.3
Social support	No Social support	385	92.8
	Poor Social support	30	7.2

*Others divorced and widowed

Table 2: Work-related and personal-related factors of housemaids in Jimma town, Southwest Ethiopia, and 2023 (n=415).

Variable		Frequency	Percent
Duration on work	<2	98	23.6
	2-4	133	32
	>4	184	44.3
Work agreement	Yes	53	12.8
	No	362	87.2
Having separate sleeping place in employers home	Yes	268	64.6
	No	147	35.4
Got job by broker	Yes	239	57.6
	No	176	42.4
Working less than eight hours per day	Yes	79	19
	No	336	81
Specific task (no Job description)	Yes	195	47
	No	220	53
Anyone who gave gift seeks of sex in working area	Yes	124	29.9
	No	291	70.1
Experience of violence	Yes	319	76.9
	No	96	23.1
On set of experienced violence (n=319)	First month	55	17.2
	First three months	7	2.2
	After six months	243	76.2
	Others	14	4.4
Alcohol consumption	Yes	171	41.2
	No	244	58.8
Frequency in the last 12 months(n=171)	Every day or nearly everyday	2	1.2
	Once or twice a week	43	25.1
	Less than once a week	64	37.4
	Never	62	36.3

Chat chewing	Yes	200	48.2
	No	215	51.8
Frequency in the last 12 months(n=200)	Every day or nearly everyday	19	9.5
	Once or twice a week	86	43
	Less than once a week	86	43
	Never	9	4.5
Smoking cigarette	Yes	29	7
	No	386	93
Frequency in the last 12 months(n=29)	Every day or nearly everyday	4	13.8
	Once or twice a week	17	58.6
	Less than once a week	2	6.9
	Never	6	20.7

Others *first day and first week

Personal and work-related factors

In this study, over one-third of the respondents (184, 44.3%) had duration of work of greater than four years. More than half of them, (239, 57.6%) were hired by brokers, and the majority

(362, 87.2%) had no work agreement (Table 2). Half of the participants (220, 53%) had no specific task, and approximately one-third of the respondents (147, 35.4%) lacked a place of rest in the employer's home. According to the participants' responses, the majority (336, 81%) were working more than eight hours per day.

Table 3: Employer-related factors in Jimma town, Southwest Ethiopia, 2023 (n=415).

Variable	Category	Frequency	Percent
Employer age	<30	1	0.2
	30-34	3	0.7
	35-39	9	2.2
	40-44	92	22.2
	45-49	109	26.3
	>=50	201	48.4
Employer education status	No formal education	9	2.2
	Primary (1-8) education	61	14.7
	Secondary (9-12) education	58	14
	College and above	287	69.2
Employer occupation	Merchant	71	17.1
	Government employer	256	61.7
	Private employer	52	12.5
	Housewife	20	4.5
	Others*	16	3.9
Type of HH currently employed	Married couple both living	408	98.3
	Married couple but only man living	1	0.2
	Single woman and single man living	6	1.4
Employer alcohol drinking habit	Yes	235	56.6
	No	180	43.4
Frequency of Employer alcohol drinking(n=235)	Every day or nearly everyday	100	42.6
	Once or twice a week	59	25.1
	1-3 times a month	54	23
	Occasionally less than once a month	22	9.4
Employer chat chewing habit	Yes	236	56.9
	No	179	43.1
Frequency of Employer chewing chat habit(n=236)	Every day or nearly every day	95	40.3
	Once or twice a week	68	28.8
	1-3 times a month	47	19.9
	Occasionally less than once a month	26	11
Household members who drinks alcohol	Yes	125	30.1
	No	290	69.9
Household members chew chat	Yes	125	30.1
	No	290	69.9
Employer family size	3-Jan	54	13
	6-Apr	267	64.3
	>6	94	22.7
Extended family	Yes	142	34.2
	No	273	65.8

Living with extended family exposed to VAW	Yes	136	32.8
	No	279	67.2

Others *have no work, retired

Employer-related factors

Most of the employers (267, 64.3%) had a family size between 4 and 6, and approximately one-third (142, 34.2%) of the employers had extended families living with them. More than half of the employers (235, 56.6%) used alcohol, and (100, 42.6%) used alcohol. Approximately half of the employers (236, 56.9%) had chat chewing habits (Table 3).

Prevalence and type of violence

The prevalence of at least one type of violence against housemaids in the last 12 months was 56.4% (95% CI: 51.5%-61.2%), and in the work lifetime, it was 61.7% (95% CI: 56.8%-66.4%).

Physical violence

A total of 41.9% (95% CI: 37.1%-46.8%) of the housemaids had experienced at least one type of physical violence during their work lifetime, and 35.7% (95% CI: 31.1%-40.5%) reported physical violence during the preceding 12 months.

Psychological violence

At least half 55.7% (95% CI: 50.7%-60.5%) of the housemaids had experienced One type of psychological violence occurred during the work lifetime, and 50.1% (95% CI: 45.2%-55%) of the housemaids had experienced at least one type of psychological violence in the past 12 months.

Sexual violence

One-fourth of the housemaids 28.2% (95% CI: 23.9%-32.8%) had experienced at least one type of sexual violence during their work lifetime, and 19% (95% CI: 15.4%-23.1%) of the housemaids had experienced at least one type of sexual violence in the past 12 months (Figure 1).

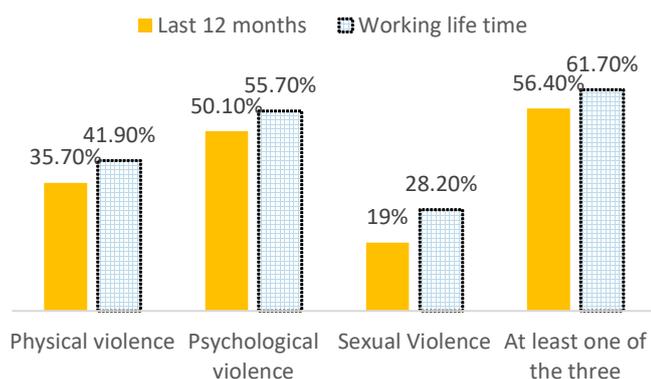


Figure 1: The last 12 months and work lifetime experience of physical, psychological, and sexual violence against housemaids in Jimma Town, Southwest Ethiopia, 2023.

Overlap between physical, psychological and sexual violence

Among the respondents, 7(1.7%) of the housemaids experienced only physical violence, 52(12.4%) experienced only psychological violence, and 5(1%) experienced only sexual violence during their work lifetime. However, 81(19.5%) of the participants experienced both physical and psychological violence, 14(3.4%) experienced both physical and sexual violence, and 27(6.5%) experienced both psychological and sexual violence. Seventy-two (17.3%) of them reported experiencing three types

of violence at the same time in their work lifetime. Additionally, more than one-third of them experienced more than one violence 194(46.7%) (Figure 2).

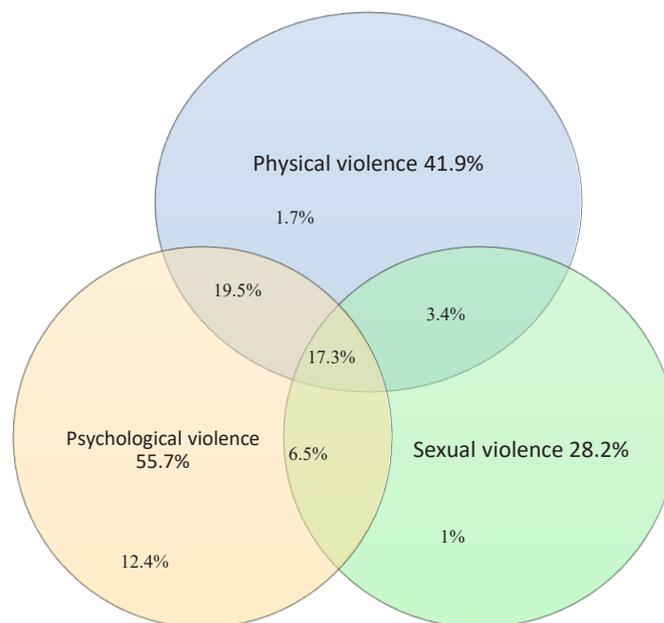


Figure 2: Overlap between physical, psychological, and sexual violence experienced by housemaids in Jimma town, Southwest Ethiopia, 2023.

Survivors of violence against housemaids

This study also assessed the reasons for not responding to the encounter of one or another form of violence. Among the victims of VAW, only 12(2.9%) reported to the police, only 33(8%) went to health care providers, and no one went to law enforcing bodies, victim shelters, women’s organizations, religious leaders, informal help-seeking, 4(1%) family members/relatives or 5(1.2%) peers when they encountered violence. The respondents were asked to mention their reasons for their silence, and they mentioned that more than one-third (43.7%) reported that they did not know what to do, 37.3% reported that violence was normal/not serious, and 12.9% were afraid of perpetrators (Figure 3).

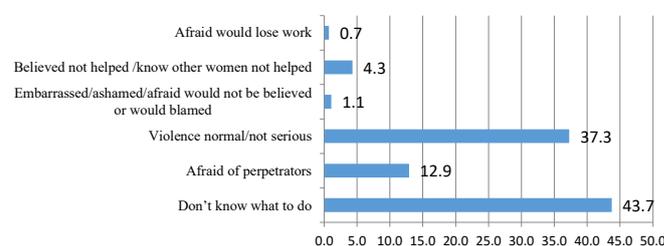


Figure 3: Response to violence against housemaids in Jimma town, Southwest Ethiopia, 2023.

Perpetrators of violence against housemaids

According to the results, the majority of violence was perpetrated by employers themselves (181, 43.1%), followed by household members (127, 30.2%). The majority of psychological violence was perpetrated by employers (275, 44.6%), followed by household members (184, 30.1%). In this study, sixty-seven (30%) housemaids reported that sexual violence perpetrators were employers’ relatives, followed by house members (46,

20.6%), and (43, 19.3%) reported being violated by unknown persons and friends (Figure 4).

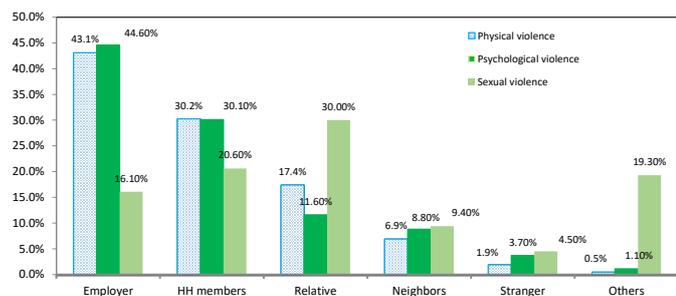


Figure 4: Perpetrators of violence against housemaids in Jimma town, Southwest Ethiopia, 2023 (Others*unknown person, guard, and boyfriend).

Health consequences

The consequences of physical violence reported by the respondents included pain (145, 59.2%) and injury/wound (86, 35.1%). Following psychological violence, the respondents reported that (224, 32.1%) cried and (224, 31.9%) felt nervous tense or worried. After experiencing sexual violence, the study participants reported that (87, 62.1%) felt fear of discomfort, (26, 18.6%) experienced an abortion, and (14, 10%) became pregnant.

Factors associated with violence against housemaids work lifetime

Bivariate and multivariable logistic regression was used to assess factors associated with VAH in Jimma town. According

to the bivariate analysis, the variables that had p values<0.25, which were identified for the multivariable analysis, were age, educational status, previous residence (grow up), got job by broker, duration of work, any person give gift for seeking sex in the employer’s home, having a separate sleeping place, working less than eight hours per day, lack of a specific task (no job description), drinking habit, chew chat habit, social support, employer drinking habit, family size, and living with an extended family exposed to violence. These variables were associated with the experience of VAH after being housemaid work lifetime in the bivariate model.

Housemaids with no formal education were 3.7 (AOR=95% CI: 1.220-11.335) times more likely to experience VAH in their work lifetime than those who had an educational level of college and above. Housemaids who had more than four years of work experience were 2.6 (AOR= 95% CI: 1.449-4.994) times more likely to experience violence than those who had less than two years of experience, and housemaids who had two to four years duration of work experience were 2.4 (AOR=95% CI: 1.292-4.619) times more likely to experience VAH than those who had less than two years of experience. Housemaids who got job by broker obtained were 2.8 (AOR=95% CI: 1.721-4.622) times more likely to experience VAH than their counterparts were. Housemaids lacking a specific task 1.7 (AOR=95% CI: 1.074-2.905) times more likely to experience VAH than their counterparts. Housemaid individuals who had no social support 4.5 (AOR=95% CI: 1.563-12.894) times more likely to experience VAH counterparts. Employer’s home who had greater than six family size 5.4(AOR: 95%CI: 2.194-13.490) times more likely to commit VAH than having family member less than four family size (Table 5).

Table 4: Bivariate and multivariable logistic regression results of factors associated with violence against housemaids work life time in Jimma town, Southwest Ethiopia, 2023.

Variables	Category	Violence against housemaids		COR (95%CI)	AOR (95%CI)
		Yes (n=256) N (%)	No (n=159) N (%)		
Age	15-19	130(57)	98(43)	0.559(0.294-1.060)	0.510(0.236-1.104)
	20-24	88(66.2)	45(33.8)	0.823(0.415-1.635)	0.774(0.399-1.768)
	>=25	38(70.4)	16(29.6)	1	1
Educational status	No formal education	142(83)	29(17)	4.407(1.645-11.802)	3.719(1.220-11.335)*
	Primary	77(54.2)	65(45.8)	1.066(0.409-2.782)	1.284(0.430-3.830)
	Secondary	27(32.5)	56(67.5)	0.434(0.158-1.192)	0.608(0.192-1.922)
	College and above	10(52.6)	9(47.4)	1	1
Grow up	Rural	214(65)	115(35)	0.513(0.318-0.829)	1.039(0.567-1.907)
	Urban	42(48.8)	44(51.2)	1	1
Duration of work (in years)	<2	50(51)	48(49)	1	1
	4-Feb	83(62.4)	50(37.6)	1.729(1.019-2.935)	2.443(1.292-4.619)*
	>4	125(67.9)	59(32.1)	2.207(1.335-3.648)	2.690(1.449-4.994)*
Got job by broker	No	75(42.6)	101(57.4)	1	1
	Yes	181(75.7)	58(24.3)	4.203(2.760-6.398)	2.820(1.721-4.622)*
Anyone who gave gift seek of sex in employers home	No	170(58.4)	121(41.6)	1	1
	Yes	86(69.4)	38(30.6)	1.611(1.030-2.520)	1.393(0.798-2.433)
Lack of specific task	No	152(69.1)	68(30.9)	1	1
	Yes	104(53.3)	91(46.7)	0.511(0.342-0.764)	1.766(1.074-2.905)*
Having separate sleeping place in employers’ home	No	78(53.1)	69(46.9)	1	1
	Yes	178(66.4)	90(33.6)	1.750(1.160-2.640)	1.425(0.832-2.440)
Working less than eight hrs./day	No	36(45.6)	43(54.4)	1	1
	Yes	220(65.5)	116(34.5)	2.265(1.379-3.722)	1.096(0.571-2.104)
Drinking alcohol	No	137(56.1)	107(43.9)	1	1
	Yes	119(69.6)	52(30.4)	1.787(1.183-2.700)	1.572(0.915-2.700)

Chewing chat habit	No	121(56.3)	94(43.7)	1	1
	Yes	135(67.5)	65(32.5)	1.613(1.081-2.408)	0.651(0.374-1.135)
Social support	No	247(64.2)	138(35.8)	4.176(1.861-9.371)	4.490(1.563-12.894)*
	Yes	9(30)	21(70)	1	1
Employer drinking habit	No	99(55)	81(45)	1	1
	Yes	157(66.8)	78(33.2)	1.647(1.104-2.457)	1.018(0.587-1.767)
Family size	3-Jan	23(42.6)	31(57.4)	1	1
	6-Apr	157(58.8)	110(41.2)	1.924(1.064-3.477)	2.017(0.998-4.076)
	>6	76(80.9)	18(19.1)	5.691(2.702-11.986)	5.440(2.194-13.490)*
Extended family exposed to VAW	No	156(55.9)	123(44.1)	1	1
	Yes	100(73.5)	36(26.5)	2.190(1.399-3.429)	1.735(0.950-3.168)

*p≤0.05 AOR=Adjusted odd ratio, COR=crude odd ratio, CI=confidence interval

Discussion

According to the findings of this study prevalence of work lifetime VAH was 61.7% (95% CI: 56.8%-66.4%). This finding coincides with the study at Addis Ababa, which reported that the magnitude of VAH during their work lifetime was 58.8% [36]. This similarity might be due to societal and cultural attitudes and economic and lack of legal protection may result in shared vulnerability to violence in different places. This finding is lower than the 80% reported in a study among housemaids in Ecuador [37]. The variation may be due to differences in socioeconomic factors; Ecuador ranks 95th, and Ethiopia ranks 175th among 191 countries that have different levels of economic development, which can impact the working conditions and treatment of housemaids [38]. The ILO Convention 189 ratified by Ecuador increased the ability to exercise their right [39]. The level of awareness and reporting of VAH can vary with media campaigns specific to housemaids [37]. In Ethiopia, the level of reporting is low, with people understanding violence or accepting violence as normal and keeping silent. This finding is higher than that of a study in which the Hawassa work lifetime prevalence was 20.9% [40]. A possible explanation might be that the study settings involved school participants who were wide open to education due to variation in the denominator used to calculate the prevalence, study time, and work lifetime of VAH, which increased when COVID-19 emerged as an outbreak. The study was conducted before COVID-19.

This study revealed that the prevalence of physical violence was 41.9% (95% CI: 37.1%-46.8%). This finding coincides with that of a 37.1% study on housemaids at Debre Tabor [41]. In this study, the prevalence of physical violence was greater than that in studies involving housemaids. 16.3% of Mekelle town [31]. A possible explanation might be the socio-demographic differences in the socio-cultures of the northern and southwestern regions, the different study periods before the COVID-19 pandemic, and the understanding of violence or the acceptance of violence as a normal and silent approach. A school-based study performed at Addis Ababa on housemaids reported that the prevalence of physical violence was 33.6% [36]. This finding is higher than that of the present study; the variation might be study setup was at school grade level difference excludes out of school understanding of violence in both group may be differ, and the other reason might be that schools have policies to prevent physical violence compared to less controlled diverse communities or low reporting. A community-based study at Kombolcha VAH reported a prevalence of 33.49% [42]. This finding is higher than that of other studies, possibly because of the difference might be in the sample size difference of the denominator used to calculate the prevalence and study con-

ducted at the onset of COVID-19. The prevalence of physical violence in this study was higher than that in a study conducted in 10% of Peru [18]. A possible explanation might be that they are ratified by the convention. This finding is lower than that of a study in Kuwait (82%) [43]. A possible explanation might be that the workers were migrants from different countries, with socio-demographic differences and tool differences.

In this study, the prevalence of psychological violence was found to be 55.7% (95% CI: 50.7%-60.5%). This finding was consistent with those of studies on housemaids at Addis Ababa (53.6%), Debre Tabor (56.3%) and Hong Kong (58%) [16,36,44]. This finding is higher than that of a study in India (25.2%) [45]. The differences might be cultural and societal norms, levels of awareness and reporting. This finding is lower than that in studies of psychological violence at Nairobi (73%) and Kuwait (88%) [18,43]. The difference might be the level of awareness and reporting, cultural, and societal norms, or migrant workers. This finding is lower than that of a study at Oregon (65%) [46]. The differences might be socio-demographic, study population, cultural and societal norms, different legal frameworks, and different levels of awareness about their rights.

In this study, the prevalence of sexual violence was 28.2% (95% CI: 23.9%-32.8%). This finding was consistent with those studies of Addis Ababa (29.6%) [36], Debre Tabor (27.8%) [30], Addis Ababa (28.6%) [47], Nairobi (24.5%), and Peru (30%) [18]. However, this finding is lower than the study done at Gedio zone 60.2% [48] and Harar (72%) [49]. The discrepancy may be due to differences in the accessibility of information; other factors may be low reporting, attitudes toward sexual violence, and study settings where clinics came for the service, and at night, school study participants might increase their vulnerability due to differences in response rates and tools. Several Ethiopian towns have different cultural and socioeconomic characteristics. This finding is higher than the study 14% reported in Portugal and the USA Oregon [46,50]. The variation might be due to differences in the cultural characteristics of the study population and socioeconomic differences between the two countries. Portugal is a highly developed country with a relatively high economic level; the Human Development Index (HDI) ranks 38th and the USA ranks 19th out of 191 countries, while Ethiopia ranks 175th out of 191 [38]. Additionally, in terms of legal protection for workers, among 191 countries, the USA and Portugal are the 25th-largest countries for women to live [8,51].

Recognizing the risk factors for VAH may help target interventions to reduce violence in housemaids. Consequently, the second goal of this study identified exposing factors such as awareness of violence; and the identified preventive factors

were an emotionally favorable situation and formal education enrolment.

These studies showed that compared with those with a college education or above, housemaids with no formal education were four times more likely to experience VAH in the work lifetime with compared with the educational level of college and above during their lifetime. This finding is supported by studies by Debre Tabor and Harer [44,49]. This may be because the experience of violence declines with increasing education because education can increase awareness of legal protection and labor rights and access to information and enhance communication skills. These findings indicate and confirm the importance of empowering and promoting social and economic inclusion for all those recommended by the SDGs.

In this study, individuals with a duration of work greater than four years were three times more likely to experience VAH than those with a duration of work less than two years, and individuals with a duration of work two to four years were two times more likely to experience VAH than those with a duration of work less than two years. This finding was supported by other studies on housemaids in Debre Tabor [41]. The possible reason might be that, staying longer in the sector, the housemaids are restricted and spend their whole time at the employer's home. Along with long hours in work and close interaction with employers, family members who were the main perpetrators of violence against housemaids in domestic settings also considered violence to be normal and to remain silent. The other reason might be that, in some cases, long-term housemaids may become desensitized to mistreatment or violence due to prolonged exposure. They may come to accept such behavior as a normal part of their job or believe that they have no alternative options or the right of employer.

In this study, compared with their peers, housemaids who obtained employment from brokers were three times more likely to experience lifelong work violence. This finding was supported by the findings of other studies on housemaids in Addis Ababa [52,53]. A possible justification might be that employment agencies or brokers tend to take the side of employers in disputes with employees because employers have more money and because housemaids are dispensable because there is a regular pipeline. In addition, there may be a lack of legal information on how brokers focus on the commission rather than on the security of housemaids.

Housemaids with a lack of specific tasks were two times more likely to experience VAH than their counterparts were. This finding is supported by other study by Harer [49]. A possible explanation might be that housemaids with specific tasks often operate with clear instructions and defined duties, reducing ambiguity and conflicts arising from misunderstandings.

This study revealed that housemaid had no social support were five times more likely to experience VAH than their counterparts. This finding was supported by another study at Bahir Dar [54]. A possible explanation might be that a lack of social support can increase people's susceptibility to abuse. Social support plays a crucial role in promoting emotional well-being by providing individuals with a sense of belonging, validation, and emotional comfort. This can help them cope with the challenges they face and reduce the negative impact of violence.

In this study, housemaids living with employer family size greater than six were three times experienced violence com-

pared to having family size less than four. This finding is similar to that of a study performed in Hawassa [14]. A possible explanation might be that when there are many families living, the probable causes of violence increase as well, which increases the likelihood of housemaid violence. Large families often have more household responsibilities, and demands can result in a higher workload for the housemaid, who may be expected to handle various tasks. This pressure can create a stressful environment, increasing the likelihood of conflicts and potential violence. When interpreting the findings of this study, the following limitations should be considered. As this study examined personal and sensitive issues, obtaining honest responses about women's history of violence (especially about sexual violence) might have been difficult.

In summary, the findings of this study revealed that VAH is the most common. These findings imply that efforts to address workplace violence settings must be based on a thorough understanding of the numerous intersecting differences. Thus, future studies should use a valid and reliable measurement tool to understand and measure VAH. Regardless of gaining essential insights on VAH, this study has inherent boundaries. The first is that the study design nature cross-sectional study, will not tell us the time between the factors and the outcome variables. The second limitation is that the problem's burden may be underestimated since there are dropouts and absentee victims.

Recall bias on work lifetime experience. Conversely, few studies have focused on marginalized, vulnerable and the most neglected population groups. Additionally, a standard tool was designed based on the standard WHO Multicounty Study Questionnaire.

Conclusion

In this study, violence against housemaids was found to be a major problem. Six out of ten participants had faced at least one form of VAH during their work lifetime. Over one-third of the participants experienced more than one type of violence. The independent variables of violence against housemaids were educational status, duration of work, got job by broker, lack of a specific task, social support, and family size. The types of violence they face at VAHs mostly affect them, and they experience all three types of VAHs. Because the perpetrators are employers, their children, household members and the hidden perpetrators are brokers; after they are exposed to VAH or become survivors, they do not know how to respond keep silent. Addressing such determinants will require multisectoral interventions. Therefore, integrated interventions such as increasing the school enrollment of groups such as housemaids are needed. Displaying IEC materials (posters, pamphlets, etc...) in major public service centers, squares depicting the very high prevalence and severe nature of the violence being committed against housemaids by employers in the community. Awareness campaigns should be conducted to educate employers, housemaids, and the general public about the rights and responsibilities of housemaids by assigning housemaids week and housemaid days. Creating alternative employment opportunities for victim housemaids and reducing the reliance on domestic work. The proper oversight of broker activities should be ensured, and awareness about rights should be increased. Empowering and reporting violence, as a crime and improving community awareness of housemaid violence are needed. Training programs for housemaids can empower them with knowledge and skills to assert their rights and protect themselves from abuse. Housemaids should be accepted as a profession to minimize abusive

environments. Give love, care, and affection to them as family members. As limitations this study examines personal and sensitive issues, obtaining honest responses about their violence (especially about sexual violence) history from females might have been difficult. Recall bias on work lifetime experience. Interviewing at work place has some limitations.

Author declarations

Data sharing statement

The dataset for the current study is available from the corresponding authors upon reasonable request.

Ethics approval and consent to participate

All study methods were performed in accordance with the ethical principles of the Declaration of Helsinki [55]. Ethical clearance was obtained from the institutional review board (Ref.No: JUIH/IRB/444/23) of the institute of health, Jimma University. An official letter of permission was obtained from Jimma town Health office. The purpose of the study was explained to each study participant before written informed consent was obtained from each participant aged 18 years and older. For those under 18 years, verbal assent was obtained from their parent after describing the purpose and benefits of the study. The interviews were performed in private and secure places, usually in a room or other space without the employer present. Confidentiality of the responses

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Author contributions

All the authors played a significant role in the work reported, whether in the conception, study design, execution, attainment of data, analysis, and interpretation, or in all the areas in which the article was drafted, revised, or critically reviewed, gave final approval of the version to be published, agreed on the journal to which the article has been submitted, and agreed to be accountable for all parts of the paper.

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Disclosure

The authors declare no competing interests in this work.

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