

Domestic Violence among Pregnant Women in Baghdad / Iraq 2018

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Abstract:

Background: Domestic violence against women is a public health problem that affects more than one third of all women globally. It includes any physical, sexual or emotional abuse imposed upon women within family relationships. Several studies in Iraq demonstrated that domestic violence has been increasing over the past two decades.

Objective: Determine the prevalence of domestic violence against pregnant women and factors associated with it.

Patients and methods: A total of 345 pregnant women were included in a cross-sectional study conducted during the period from July - November 2018. They were selected through multistage random sampling from four Primary Health Care Centers in Baghdad. An Abuse Assessment Screen was used, with a known validity and reliability.

Result: The overall prevalence of domestic violence was 37.1%. It was 9.0% during pregnancy. There were significant associations between domestic violence during pregnancy and the duration of marriage, husband's age at marriage, husband's consumption of alcohol and the number of children.

Conclusion: Pregnancy acts as a protective factor against domestic violence.

Key words: DV: Domestic violence, AAS: Abuse assessment screen.

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Introduction:

Domestic violence (DV) against women defines according to the United Nation as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether in public or in private life” (1). It refers to the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone (2).

Domestic violence (DV) is a public health problem that affects more than one third of all women globally (3). Violence affects the lives of women

across all socio-economic classes, cultures and religions, impeding the right of women to participate fully in the society (4). DV during pregnancy is a serious public health issue which threatens maternal and fetal health outcomes (5). In Iraq, studies showed that 39.9 -76.1% of women were exposed to DV (6). The objective of this study was to determine the prevalence of domestic violence against pregnant women.

Patients and Methods:

This cross-sectional study was conducted from 1st of July to 1st of November 2018. A multistage random sampling was followed in which Al-Karkh was selected randomly from the two sides of Baghdad, Al-Dora health district was selected randomly from ten health districts in Al Karkh directorate and four primary health care centers were selected randomly from the ten centers in Al -Dora health district. A total of 345 pregnant women were included in the study. The sample size was estimated by using the standard equation:

$$N = (Z_1 - \alpha / 2) 2 P (1 - P) / d^2 (7).$$

All pregnant women aged 15 - 49 years attending these centers were included unless they had any psychological and mental disorders. Data was collected by using a standard questionnaire: Abuse assessment screen (AAS) (8). DV was classified as

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verbal and physical before pregnancy and physical violence during pregnancy according to AAS questionnaire(8). The socioeconomic status was determined based on a standard equation:

Education + Occupation + House ownership \times 0.5 + Car ownership \times 0.1 (9).

The Statistical Package for Social Sciences version (SPSS) 24 software was used for data entry and analyses. Data were presented in simple measures of frequency and percentage. The significance of association between the studied determinants like the current age of the woman and that of her husband, their ages at marriage, duration of marriage, educational level of woman and her husband (independent variables) and domestic violence (as the dependent variable) was tested by using Pearson Chi

square test (χ^2 - test). Statistical significance was considered whenever the P value was less than 0.05. The Z-test was used for calculation of proportions. Yate's correction was done for all values below five. The main results of the study were summarized and presented in tables.

Results:

The overall prevalence of DV was 37.1%. It was 9.0% during pregnancy (Table 1). The proportion of DV during pregnancy was significantly lower than that before pregnancy ($P=0.000001$ - Z test) (Table 2). There were significant associations between DV during pregnancy and the duration of marriage, husband's age at marriage, husband's consumption of alcohol and the number of children (Table 3).

Table 1: Distribution of cases by the types of domestic violence among the study group

Types of Domestic Violence	Yes		No		Total	
	No.	%	No.	%	No.	%
Verbal violence before pregnancy	83	24.1	262	75.9	345	100
Physical violence before pregnancy	45	13.0	300	87.0	345	100
Pregnant exposed to physical violence	31	9.0	314	91.0	345	100

Table 2: Distribution of domestic violence before and during pregnancy among the study group

Variables	Domestic violence			P value
	No.	%	Proportion	
Women before pregnancy	97	28.1	0.76	0.000001
Women during pregnancy	31	9.0	0.24	
Total	128	37.1	100	

Tab 3: Distribution of Studied variables by physical violence during pregnancy

Studied variable	Physical violence during pregnancy				Total		P value
	Yes	%	No.	%	No.	%	
Duration of marriage (year)	<1	2	2.8	69	97.2	71	0.01
	1-5	13	7.9	152	92.1	165	
	6-10	11	19.0	47	81.0	58	
	>10	5	9.8	46	90.2	51	
Husband's age at marriage (year)	<20	5	14.7	29	85.3	34	0.01
	20-35	16	6.3	236	93.7	252	
	>35	10	16.9	49	83.1	59	
Husband's consumption of alcohol	Yes	3	27.3	8	72.7	11	0.03
	No	28	8.4	306	91.6	334	
Number of children	None	6	4.4	130	95.6	136	0.0001
	1	6	6.5	86	93.5	92	
	2-5	19	16.5	96	83.5	115	
	>5	-	-	2	100	2	
Total	31	9.0	314	91.0	345	100	

Discussion:

Domestic violence is a serious public health problem that affects the health and well-being of women and families throughout the world. DV during pregnancy is more common than some maternal health conditions routinely screened for in antenatal care (10).

The present study showed that 37.1% of women were exposed to domestic violence. This figure might be explained by the aggression that results from continuous exposure to community and inter-personal violence (war, civil war and widespread violence). Several articles documented that exposure to violence leads to higher level of aggression in the community (11). The observed figure is close to those reported recently in Iraq (40.4%, 39.9%, and 57.6 %)

(6, 12- 14). High figures (58.6%, 73.5%) were reported in the Kurdistan Region of Iraq (15, 16). These variations might be explained by the fact that the sample in this study was pregnant women with the pregnancy recognized as a protective factor against DV (17, 18). The denial of the violence because of the effect of pregnancy might affect the observed figure. Recall bias may also explain the lower figure in this study. The reported prevalence of DV is lower than that reported in Turkey (52.0%) (19, 20), Saudi Arabia (57.8%) (21) and Iran (64.7 %) (22). These differences might be attributed to differences in study design, sampling, questionnaire and in cultures. In contrast, the reported prevalence is higher those that reported in Syria (26.0%) (23), Japan (14.3%) (24) and U.S (29.0%) (25). Cultural differences as well as the above mentioned differences may explain the variation. In line with that reported by I-WISH Survey (26) in Iraq, the reported prevalence of verbal violence was 24.1%. It seems that there was no actions to address DV, as there has been no change in the rate over nearly a decade. DV is not among the priorities of PHC services. The I-WISH survey was conducted seven years prior to this study. The reported figure of physical violence (13.0%) is double that reported in I-WISH (6.0%) (26). The rate of physical violence in Iraqi Family Health Survey (IFHS) was 21.2% (27). These variations might be explained by the difference between the much larger sample sizes in these two surveys compared to much smaller sample in this study in addition to other sampling criteria. Violence is a common sequel of exposure to war, civil war and widespread community violence (11). Iraqis have been exposed to various forms of aggression for decades, which affected the prevalence of violence. The surprisingly low prevalence of physical violence reported by the I-WISH (6.0%) (26) was not explained in the survey report. The reported prevalence of physical violence in the present study is lower than that reported by IFHS (21.2%) in 2006 which may be due to an improvement in the mental health and stability of families. The recent economic growth, and the relatively peaceful situation in Baghdad (much fewer terrorist attacks) may explain this improvement. Different figures were reported in Iraq on DV (physical and verbal) was 61.6% (28), physical violence was 47.5% and verbal violence was 37.3% (15). The variation might be attributed to difference in the study instruments, design of the study and governorates where the study was conducted. Some governorates have a high prevalence of DV. I-WISH (26) gave an illustration on DV in certain governorates. The proportion of violence among women during pregnancy (0.24) was significantly lower than that before pregnancy (0.76) ($P = 0.000001$) indicating that pregnancy is a protective factor against DV. Similar findings were reported in literature (18, 19). The prevalence of DV during pregnancy (9.0%) was lower than that in Syria (29), Egypt, Saudi Arabia, Jordan (30), Turkey (20), Iran (31) and the USA (32). The difference might be attributed to cultural variation, design and sampling

affect the results. Higher socioeconomic status is known to be associated with low DV (33). The prevalence is higher than that in Japan (34), Australia, Denmark, Cambodia and Philippines (35). The difference might be attributed to cultural variation, design and sampling affect the results. Physical violence during pregnancy was significantly associated with the duration of marriage ($P = 0.01$). Many articles have documented this finding (36). This might be attributed to poverty and economic burden with increasing family members which was disturbing husband's attitude and behaviors. DV during pregnancy increased with increasing husband's age. Studies documented that DV does not end at a specific age (37). This might be explained by the decreased ability of husbands to tolerate problems with increasing age. Pregnancy by itself might act as a financial burden to the family which may affect the quality of marital life. Physical violence during pregnancy increased with increasing number of children in the current study, which was also reported by a study in Iran (13). Poverty and low standard of living may be one of the main reasons for family conflicts and violence against women. DV against women during pregnancy was significantly associated with husbands' consumption of alcohol ($P = 0.03$). Many studies have documented that husbands' use of alcohol, especially at the time of the incident exposed their wives to DV (38 – 40).

Conclusions:

The prevalence of DV during pregnancy was 9.0%. Pregnancy is a protective factor against DV. Duration of marriage, age of husband at marriage, husband's consumption alcohol and number of children were determinants of DV during pregnancy.

Authors' contributions :

Student: Dr. Hiba Raad Saeed

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Supervisor: Dr. Besmah M. Ali

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العنف المنزلي بين النساء الحوامل في بغداد / العراق 2018

هبة رعد سعيد
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الخلاصة:

الخلفية: العنف ضد النساء مشكلة صحية عامة تصيب أكثر من ثلث النساء عالمياً. ويتضمن اي اذى جسمي، جنسي او انفعالي فرض على النساء في العلاقات الاسرية. أثبتت دراسات متعددة في العراق ان العنف المنزلي في ازدياد خلال العقد الاخيرين.

الهدف: لتحديد معدل انتشار العنف المنزلي ضد النساء الحوامل والعوامل المرتبطة به.

الحالات والمنهجية: تضمنت دراسة مستعرضة اجمالي 345 امرأة حامل تم تحديدهن من المترددات على مراكز الرعاية الصحية الاولى بين تموز وتشرين الثاني 2018 للتعرف على معدل انتشار العنف المنزلي ضد النساء الحوامل والعوامل المرتبطة به وتم اختيارهن بواسطة عشانتي عشوائي متعدد المراحل. تم استعمال تحري تقييم الايذاء وهو معروف المصادقية والموثوقية.

النتائج: أظهرت الدراسة ان معدل انتشار العنف ضد النساء هو 37.1% وخلال الحمل كان 9%. هناك ترابط معتدا به (احصائيا) بين العنف المنزلي خلال الحمل مع مدة الزواج، عمر الزوج عند الزواج وعدد الاطفال.

الاستنتاج: يعتبر الحمل عامل حماية ضد العنف المنزلي.

الكلمات المفتاحية: العنف المنزلي , تحري تقييم الايذاء