Assessment Types of Domestic Violence Among Iraqi Pregnant Women

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Abstract

Objective : A descriptive analytical study was conducted on pregnant women who face domestic violence and receive antenatal services from obstetric wards ikou^V Cternal ^4M^vrAd\vQ^Ms> "& Baghdad city, to identify the types of domestic violence on pregnant woman.

Methodology : A purposive sample of one hundred pregnant women with domestic violence was selected. Data were collected through questionnaire, the period extended from the 20th Feb to the 3rd May 2006. Descriptive and inferential statistical procedures were used to analyze the data.

Results : The result of the study showed that the highest percentage (26%) of the study sample their age ranges from (30 - 34) years, most of them were housewife with low socioeconomic status, two third of the study sample were with low educational level. The number of parity ranged between (2-5) child and more.

The study findings revealed that the majority of study sample suffer from hitting, criticizing and shouting during their daily life, threaten to be left, keep control on her income and force her for sex. The psychological domestic violence was in higher level of relative sufficiency, the physical domestic violence was in moderate level of relative sufficiency, while social and sexual abuse considered low level of relative sufficiency.

Recommendation: The study recommended routine screening for women for any type of domestic violence during fertile age. Addressing domestic violence in medical and nursing curriculum, using mass media, availability of health services and support enhance cooperation between social agencies" justice and police with enforcing laws and research for the promotion and protecting women's rights. Key **wards**: domestic violence.

Introduction

Violence against women occurs in many forms and in many setting. It can be psychological, physical or sexual. It can occur at home, in the workplace or in the community at large. In many societies it is often perpetuated, exacerbated and legitimized by gender values and norms that discriminate against women and that sanction the use of violence against them. Hence, it is referred to as gender-based violence against women

Violence by an intimate partner (physical, sexual, psychological), rape and sexual abuse are old worldwide phenomena, but are increasingly becoming as a

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social, political, and public health concerns, not merely private domestic concerns

Violence against women and girls is a major health and human rights concern. Women can experience physically or mental abuse throughout their life cycle, in infancy, childhood, and /or adolescence, or during adulthood or old age. While violence has severe health consequences for the affected, it is a social problem that warrants an immediate coordinated response from multiple sectors ⁵.

Violence against women, in the family, occurs in both developed and developing countries. It has long been considered a private matter by standers including neighbors, the community and government. But such private matters have a tendency to become public tragedies 6 .

Around the world, at least one in every three women has been beaten, coerced into sex or abuse in some other way most often by some one she knows, including by her husband or another male family member, one woman in four has been abused during $pregnancy^7$.

One woman dies every three days as a result of domestic violence. About 60 per cent of children who witness domestic violence are also abused by the same perpetrator with a significant number of deaths ensuing. Domestic violence accounts for one quarter of all murders in London at present; if gun-related crime is excluded the level reaches 40 per cent⁸.

"Nurses in all professional must respond with sensitivity and caring toward women who experience abuse and victimization. Nurses must increase awareness of their own beliefs and values regarding victimization of women⁹. The study aims to identify

Methodology

A descriptive analytical study was conducted to identify types of domestic violence during pregnancy among (100) pregnant women with domestic violence who admitted in obstetric wards and hospitalized in Fatimat Al-Zahra Maternity and Pediatnc Teaching Hospital, Al-Elwiyah Maternity Teaching Hospital, Al-Kramah and Al-Yarmoke General Teaching Hospital.

Non-probability sample (purposive sample) consisted of one hundred (100) pregnant women with domestic violence who admitted in obstetric wards in the following hospitals: (30) participant from Fatimat Al-Zahra Maternity and Pediatric Teaching Hospital, (26) participant from Al-Elwiyah Maternity Teaching Hospital (30) participant from Al-Kramah General Teaching Hospital and (14) participant from Al-Yarmoke General Teaching Hospitals, in Baghdad City during 20th Feb - 3 rd Mav 2006.

The questionnaire form was consisted of 3 parts which included Socio-demographic data, reproductive characteristics and types of violence. Descriptive statistics and inferential statistics are used.

Results

	Table	(1):	Distribution	of	the	study	sample	according
to	socio-den	ograp	hic characteris	tics		-	_	_

to socio-demographic character		ïfe	Husband			
Variables						
v ar iabits	No.	%	No.	%		
Age group (Years)	110.		110.			
<20		3%	0	0		
20-24	25	25%	8	8%		
25-29	25	25%	16	16%		
30-34	26	26%	28	28%		
35-39	13	13%	21	21 %		
40-44	8	8%	15	15%		
>45	0	0	12	12%		
	X= 29	±6.3	X=34.8	±7.7		
Residency						
urban	84	84%				
rural	16	16%				
Level of education						
Illiterate	21	21 %	19	19%		
Read & write	8	8%	10	10%		
Primary school graduate	38	38%	26	26%		
Intermediate school graduate	16	16%	20	20%		
Secondary school graduate	11	11	10	10%		
Institution graduate	"3 J	3%	7	7%		
University graduate and above	n J	3%	8	8%		
Occupation						
Housewife/unemployed	94	94 %	8	8%		
Government employed	6	6%	23	23%		
Self employed	0	0	69	69%		
Consanguinity						
Yes	51	51%				
No	49	49%				
Socioeconomic status						
Low (< 89)	87	87%				
Middle (90-120)	13	13%				
High (121-150)	0	0				
Total	100	100%	100	100%		

Table (1) shows that the highest percentage (26%) of study sample at age group (30-34) and the mean of age for them was 29 ± 6.3 years, while the lowest percentage (3%) of them was less than 20 years. The highest percentage (28%) for husbands at age range from (30-34) years and the mean of their husbands age was 34.8 ± 7.7 years, while the lowest percentage (8%) of them their age range from (20-24) years.

Regarding residency: most of families (84%) their residences were urban area while (16%) were in rural area.

Concerning the educational level: the highest percentage (38%, 26%) for both wives and their husbands were primary school graduated, while the lowest percentage (3%) of them graduated from institutions and the same percentage of them graduated from university, while for their husband the lowest percentage (7%) of them were graduated from institutions.

Regarding occupation: most of wives (94%) were housewife, while (69%) of husbands were self employed. The lowest percentage (6%) of wives was governmental employed, and (8%) Of husbands were unemployed.

Regarding consanguinity the highest percentage (51%) of their husbands were relative to the study sample, while (49%) of them were not.

Regarding the level of socioeconomic status: the highest percentage (87%) of them was from low level of socioeconomic status, while (13%) of them were from middle level of socioeconomic status.

Table (2): Distribution of the study sample according to reproductive characteristics

	Pregnant women					
Variables	n =	100				
	No.	%				
Duration of marriage/Years						
0-4	36	36%				
5-9	32	32 %				
10-14	15	15%				
15-19	10	10%				
>20	7	7 %				
	X=8.	±6.2				
No. of marriage of husbands						
1	90	90%				
Gravidity						
0-1	%	8%				
2-3	18	18%				
3-4	20	20 %				
A Z		O 1 0/				
Parity						
0-1	18	18%				
2-3	26	26 %				
3-4	22	22%				
4-5	13	13%				
5 th & more	21	21 %				
No. of abortion						
none	51	51 %				
1	32	32%				
2	8	8%				
3 & more	9	9%				
No. of stillbirth						
none	75	75%				
1	21	21 %				
2	4	4%				

Table (2) Continued

No. of alive child		
none 1 2 3 4 5 & more	2 23	2%
Previous Infertility Yes	27	23%
No	24	24%
Total	·100	1005
Table (2) shows that the higher	est	10% percentage
(36%) of study sample are of a group who	ose	$\frac{1000}{20\%}$ duration of
marriage is less than five years, while (7%)	of	study sample are

marriage is less than five years, while (7%) of of a group whose duration of marriage is more than twenty years.

Regarding number of marriage of the husbands, most of study sample (90%) was the first marriage only. (10%) of them were second marriage.

Regarding the gravidity, the highest percentage (33%) of study sample had live and more pregnancies, while (8%) of them were from (0-1) pregnancy.

Regarding the parity, the highest percentage (26%) of study sample had (2-3) deliveries, while the lowest percentage (13%) of them had (4-5) deliveries

Regarding the number of abortion, half (51%) Of the study sample had no history of abortion, while (8%) of them had at least two abortion.

Regarding the number of stillbirth, three quarter of study sample (75%) did not have stillbirth, while (4%) had two stillbirth.

Regarding the number *of* alive child, the highest percentage (27%) of study sample had two alive child, while i 2%) of them did not have alive child.

Regarding previous infertility, three quarter (76%) of study sample were fertile, while (24%) of them were infertile and all of them were primary infertility

Table (3): Distribution	of the study sample	according to physical type of
domestic violence		

A-Physical domestic violence	Never		Sometime		always		Total	Mean score	Relative sufficiency
	No.	%	No.	%	No.	%			(RS.)
1 - Punching	50	50%	12	12%	38	38%	100	1.88	62.66
2-Spitting	48	48%	16	16%	36	36%	100	1.88	62.66
3-Throwing	34	34%	9	9%	57	57%	100	2.23	*74.33
objects in anger									
4-Threatening	63	63%	7	7%	29	29%	100	1.64	54.66
with weapons									
5-Shoving	64	64%	9	9%	27	27%	100	1.63	54.33
6-Pushing in anger	28	28%	12	12%	60	60%	100	2.32	*77.33
7-Hittmg	15	15%	16	16%	68	68%	100	2.51	**83.66
8-Bite	81	81%	4	4%	15	15%	100	1.34	44.66
9-Strangle	82	82%	5	5%	13	13%	100	1.31	43.66

Table (3)) Con	tinued							
		74 ^c		2%	24	24%	100	1.50	50
	96								
10-Harming with dangerous object (knife, weapons,)									
		96%		1%		3%	100	1.07	34.66
11-Burning with cigarette									
	55	55%	10	10%	35	35%	100	1.8	60

12-kicking

Cut-off point =2 * Low=66.67-77.77, **Moderate=77.78-88.88, *** High=88.89-100 Table (3) shows that the highest grade (83.66) at moderate

level of RS of the physical domestic violence which refers to hitting, while the lower grade (77.33. 74.33) at low level of RS which refers to pushing in anger and throwing objects in anger respectively.

type of domestic v	Intence	C									
E-Psychological domestic violence	Ne	ever	Som	etime	always		always		Total	Mean score	Relative sufficienc\
	No	%	No	%	No.	%			(RS.) '		
1 -Ignore her feeling	52	52%	11	11%	37	37%	100	1.85	61.66		
2-Ridiculing her valued beliefs e.g. religion, socio economical level	18	18%	6	6%	76	76%	100	2.58	**86		
3-Criticizing, during communication	5	5%	7	7%	88	88%	100	2.83	***94.33		
4-Shouting during communication	7	7%	7	7%	86	86%	100	2.79	***Q^		
5-Calling her bad names in front of her children or relatives	16	16%	8	8%	76	76%	100	2.60	**83.35		
6-Calling her parents bad names	31	31%	9	9%	60	60%	100	2.29	*76.33		
7-No considering her opinion important	22	22%	24	24%	54	54%	100	2.32	*77.33		
8-Making all important decisions of their life by himself	16	16%	12	12%	72	72%	100	2.56	**85.33		
9-Shifting responsibility of his abusive behavior to her	17	17%	8	8%	75	75%	100	2.58	**86		

Table (4): Distribution	of the	study	sample	according	to psycl	hological
type of domestic violence						

Cut-off point =2 * Low-66.67-77.77, **Moderate=77.78-88.88, *** High=88.89-100 Table (4) shows that the highest (94.33, 93) at high level of RS of psychological domestic violence which refers to criticizing during communication and shouting during communication respectively, while the lower grade (77.33. 76.33) at low level of RS which refers to no considering her opinion important and calling her parents bad respectively.

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C-Social domestic violence	Ne	ver	Some	etime	alw	always		Mean score	Relative sufficiency
violence		a (a (score	-
	No.	%	No.	%	No.	%			(RS.)
1 -Keeping control on her income	40	40%	5	5%	55	55%	100	2.15	*71:66
2-Neglect	68	68%	9	9%	23	23%	100	1.55	51.66
her needs e.g. clothes, food.									
3-Threatening to leave her	37	37%	6	6%	57	57%	100	2.20	*73.33
4-Restricting contacts with her family and friend	65	65%	10	10%	25	25%	100	1.60	53.33
5-Provoke his children to insult and disrespect their mother	65	65%	8	8%	27	27%	100	1.62	54

Table (5): Distribution of the study sample according to social type of domestic violence

Cut-off point =2 * Low=66.67-77.77, **Moderate=77.78-88.88, *** High=88.89-100 Table (5) shows that the highest grade (73.33, 71.66) at low level of the social domestic violence which refers to threatening to leave her and keeping control on her income respectively.

 Table (6): Distribution of the study sample according to sexual type of domestic violence

uomestic violence									
D-Sexual domestic violence	omestic Never Sometime always		ays	nys Total		Relative sufficiency			
	No.	%	No.	%	No.	%			(RS.)
1 -Withholding sex as punishment	67	67%	5	3%	30	30%	100	1.63	54.33
2-Forcing for sex	45	45%	10	10%	45	45%	100	2	*66.66
3-Minimizing the importance of wife's feelings about sex	69	69%	8	8%	23	23%	100	1.54	51.33
4-Using sexual name that seems indecent and painful during sexual relation	72	72%	5	5%	23	23%	100	1.51	50
5-Hurting or using force during sexual relation	66	66%	4	4%	30	30%	100	1.64	54.66
			-			00.00	de de de	11 00 0	

Cut-off point =2 * Lc iw=66 57-77. 7, oderat :=77.7 -88.88 , *** di=88.8 MOO Regarding sexual domestic violence items the highest grade (66.66) at low level of RS which refers to forcing for sex.

Discussion

The present study revealed that the highest percentage (26%) of the study sample were at age group (30-34) years old, as shows in table (1). The mean age and SD of the study sample was 29 ± 6.3 years. This data is in line with study who reported that 3000 women more than two thirds of respondent who suffered domestic violence were below 35 years of age with mean age and SD of 29.87 \pm 9.24 years, this mean that domestic violence occur within this age group ¹⁰.

Most (84%) of study sample who suffer from domestic violence lived in urban area, while (16%) of them lived in rural area as shown in Table (1).

Educationally more than two third of study sample who suffer from domestic violence were graduated from primary school or low and three quarter of their husbands were intermediate school graduated or less that is considered both of couples were in low educational level.

Higher prevalence of domestic violence was found for women who were younger, had less than 12 years of education n .

Regarding occupation most (94%) of the study sample were house wife (that means they haven't jobs), while (6%) of them were governmental employee, as shown in Table (1)

The findings of the present study showed that more than half of their husbands were self employee that means they may or may not get their wages daily, (8%) of their husbands were unemployed. Also the result indicated that the majority of the study sample's families (87%) were living in low socioeconomic level, while (13%) of the families were in moderate socioeconomic level (Table 1) the majority of the study sample may consider financial status stayed behind husband's abuse.

Violent episodes are greater among unemployed people and those with low-prestige jobs .Lack of equal access to employment, housing and resources can trap women in abusive situations that they might otherwise flee ⁴.

The highest percentage (36%) of study sample married before five year and (32%) of their duration of marriage were ranged between (5-9) years, while the lowest percentage (6%) the duration of marriage were twenty year and above as shown in Table (2).

The majority (90%) of study sample was a first marriage, while (10%) of them were in second marriage as shown in Table (2).

The highest percentage (92%) of the study sample range between two and more than five pregnancies, while the lowest percentage (8%) of them were between (0-1) pregnancy as shown in Table (2).

The results of the study showed that (82%) of the study sample have children between two more than five children, women with parity greater than two were more likely to have been abused in the past, an association was found between physical abuse and parity ¹³.

Regarding abortion half (51%) of study sample did not have previous history of abortion during their childbearing life, while (49%) of study sample which is considered high percentage had a previous history of abortion range between one to three and more Table (2).

Regarding number of stillbirth, (75%) of study sample did not have history of stillbirth, while one quarter had one to two stillbirths (Table 2).

The highest percentage (27%) of study sample had two alive children, while the lowest percentage (2%) of study sample did not have a child (Table 2).

Regarding previous infertility, three four of the study sample was fertile, while

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(24%) had a history of primary infertility.

The common form of physical violence with moderate score of RS refers to hitting which include pulling her hair, slap to the face, beating with fists and throwing objects such as household objects, shoes...etc in anger (Table 3).

A study of over 3000 women, (49%) of these respondent were suffered from physical violence, the common form of violence are beating with stick; forceful slap to the face; burn with flaming sticks; kicking, beatings with fists or house hold objects. Wife battering is one of the most common forms of domestic violence that occur in the home context \therefore

Psychological domestic violence with high score of RS refers to verbal abuse including insults, used bad words, shouting and criticizing during communication (Table 4).

The effect of domestic violence on Chinese pregnant women is mainly on their psychological well-being ⁴. Social domestic violence with low score of RS refers to threatening to leave or divorce her and keeping control on her expenses (Table 5).

The financial security, or damage to property or business, constitutes a form of violence

Sexual domestic violence with low score of RS refers to forcing for sex with out her well or consent (Table 6). About (59%) women (n= 3000) experience one or more acts of sexual partner violence at some point during their lives. The acts of sexual violence commonly reported were force sex, unwanted sex by threats or intimidation and sexual acts that women considered degrading or humiliating ¹⁰.

According to Islam, all aspects of life, such as the physical, mental, emotional and spiritual, are sacred and must be respected. No gender or relationship has been given the power or right to hurt or harm the other. Domestic violence, rape and incest all violent the criminal abuses that are outside the bounds of what is permitted in Islam and there is absolutely no justification for it what so ever ¹⁶.

A series of human rights treaties and international conference agreements over several decades by government-increasingly influenced by a growing global movement for women's right provides a legal foundation for ending gender discrimination and gender-based rights violations. The starting point is found in principles of the United Nation Charter and Universal Declaration of Human Rights, in 1940.This agreements affirm that women and men have equal rights and fundamental freedoms and emphasis on protecting the basic dignity of the person¹⁷. Recommendations

- 1. Routine screening women for any type of domestic violence during fertile age.
- 2. Use a mass media about unacceptability of domestic violence and producing posters with basic information on definition of domestic violence and how to respond.
- 3. Education of all nurses and health care providers the care necessary to avoid violence against pregnant women in addition to improve their skills to diagnose, detect, give care and follow-up.
- 4. Include the topic of domestic violence against pregnancy in all nursing and medical student's curriculums.
- 5. Enhance the roles of health and social workers.
- 6. Enforce of laws for the promoting and protection of women's rights regulations and policies that affect the responsibilities in family life.
- 7. Further research can be done.
- 8. Educate the community about the prospective of religion on woman's rights.

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