

Domestic Violence among Married Women in Baghdad City

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Abstract

Background: Violence against women is a worldwide problem and serious human rights abuse that occurs among all social, cultural, economic and religious groups.

Objective: To assess of domestic violence among sample of married women and to determine relationship between the domestic violence among married women and some related factors such as (age, education level of wife, wife employment, and monthly income.

Subjects and Methods: A cross-sectional Descriptive analysis processed of study among of married women in Baghdad city. The sample was selected by (non-probability convenient sampling) and sample size was (400). The study started from 1st April 2014 to 31th of March 2015. The data was collected by direct interview using special questionnaire to obtained socio-demographic information.

Results: The result shows that mean age of the subjects was 29.7 ± 6.65 years, 45.8% were housewives, economic problems, and cultural, psychological problems were reported were the commonest reasons for domestic violence. Analysis of results by Frequency, percentage, mean of score, standard deviation, and relative Sufficiency, Factors found to be significantly associated with overall violence were: lower educational level, had higher levels of unemployment, type of family, lower income and having children.

Conclusions: The research concluded that the women exposure from emotional or psychological violence more than physical and sexually violence.

Key words: Domestic violence, married women, Baghdad.

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Introduction

Domestic violence against women is a serious public health concern in every community and culture [1]. Domestic violence against women has drawn attention from the medical community because it has a negative and harmful impact on the mental, physical, and social health of women [2]. World Health Organization (WHO) has defined domestic violence as “the range of sexually, psychologically, and physically coercive acts used against adult

and adolescent women by current or former male intimate partners [3].

The United Nations defines violence against women 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 occurring in public or in private life [4].

It is often difficult to conduct research on violence against women, since most women are reluctant to disclose information they consider confidential and intimate.

They often feel shame, fear, guilt, and do not want to be disloyal to their partners [5].

Besides this, differences in prevalence patterns can occur, because of different survey methods. In Baghdad, Iraq, a study done in 2006 showed that the percentage of domestic violence committed by husbands was (57.6%) for a one time incidence during life time [physical violence (39.3%), sexual violence (14.9%), and psychological violence (57.3%), and (44%) for current violence [6]. A recent study conducted in Erbil on 800 women showed that the past year prevalence of any form of violence was 45.3%; while it was 43.3% for psychological violence, (15.1%) for physical violence, and (12.1%) for sexual violence [7].

The reported reasons for abuse included non-compliance with female contraception, talking to strangers, jealousy; abuse has also been found to be associated with low income [5, 6].

The study aims to assess of domestic violence among sample of married women, also to determine relationship between the domestic violence among married women and some related factors such as age, education level of wife, wife employment, monthly income,ect.

Subjects and Methods

Samples: Random sample study among of married women in Baghdad city. The sample was selected by (Random sampling) and sample size was (400). The study started from 1st April 2014 to 31th of March 2015. The data was collected by direct interview using special questionnaire to obtained socio-demographic information.

Statistical analysis

The following statistical data analysis approaches were used in order to analyze and assess the results of the study under

application of the statistical package (SPSS) ver. (14.0):

Descriptive Data Analysis

Tables (Frequencies, and Percents.), arithmetic mean, and standard deviation. Summary Statistics tables including: Mean of score (MS), Grand Mean of Score (GMS), Global Mean of Score (GMS), Standard Deviation (SD), Relative Sufficiency RS%, as well as primarily of initial assessment throughout selected specific categories of responding of two different measurement scales of Lekirt score, such that scales (1, 2, and 3) in contrast of (Never, Sometimes, and Always), and (No, and Yes) in contrasts of (0, and 1) respectively, to assess primarily initial assessment throughout categories of responding, such that (Low, Moderate, and High) in light of relative sufficiency's, which are belonged to different intervals of (33.33 – 55.55, 55.56 – 77.77, and 77.78 – 100) respectively. Contingency Coefficients for the association tables. Graphical presentation by using Bar Charts , Cluster Bar Charts.

Inferential data analysis

These were used to accept or reject the statistical hypotheses, which included the following: Contingency Coefficients (C.C.) test for the cause's correlation ship of the association tables. Chi-Square test for testing the independency distribution of the observed frequencies and there is none restricted of an expected outcomes. Binomial test for testing the different of distribution of the observed frequencies of two categories nominal /or ordinal scale and there is none restricted of an expected outcomes at 50%. For the abbreviations of the comparison significant (C.S.), we used the followings: NS: Non-significant at $P > 0.05$ S: Significant at $P < 0.05$, HS: Highly significant at $P < 0.01$.

Results

Table 1 shows distribution of demographical characteristic that highly significant (χ^2 -test: P=0.000) for (Age group, wife education, wife occupation, income,

type of family, bank account), while Non-significant (χ^2 -test: P=0.322) for crowding index.

Table (1): Frequency distribution of the studied sample according to Socio-Demographical Characteristics variables with comparisons significant

SDCv.	Groups	No.	%	C.S. (*) [P-value]
Age Groups years	15 - 19	31	6.9	$\chi^2= 90.8$ P=0.000 (HS)
	20 - 24	83	18.4	
	25 - 29	113	25.1	
	30 - 34	97	21.6	
	35 - 39	99	22	
	40 - 45	27	6	
	Mean \pm SD	29.7 \pm 6.65		
Educational level - wife	Illiterate	25	5.6	$\chi^2= 125.2$ P=0.000 (HS)
	Read and write	62	13.8	
	Primary	52	33.8	
	Intermediate	69	15.3	
	Secondary	90	20	
	Higher education	152	11.6	
Occupation - wife	Governmental employee	206	8.2	$\chi^2= 256.9$ P=0.000 (HS)
	Housewife	37	45.8	
	Free profession	128	28.4	
	Private sector employee	52	11.6	
	others	27	6	
Type of family	Nuclear	320	71.1	P=0.000 (HS)
	Extended	130	28.9	
Crowding Index	< 2	236	52.4	P=0.322 (NS)
	2 - 5	214	47.6	
Bank account	Yes	108	24	P=0.000 (HS)
	No	342	76	
Monthly Income	Enough	183	40.7	$\chi^2= 120.1$ P=0.000 (HS)
	Not enough	43	9.6	
	Enough to some extent	224	49.8	

(*) **HS:** Highly Sig. at P<0.01; **NS:** Non Sig. at P>0.05; Testing method are based on Binomial test.

Table (2): shows that of reasons of violence in the study group that highly significant for " cultural, psychological, sexual, having children, marriage without women agreement, Husband's drug addiction. husband's consumption of alcohol, not doing the household chores

properly. Going to parentis home without permission, Interference by wife's parents., conflicts about family planning, Husband taking another wife, husband's beating the children (χ^2 -test : P=0.000)

Table (2): Frequency distribution of the studied sample according to reasons of violence with comparisons significant

Reasons	Groups	No.	%	C.S. (*) [P-value]
Cultural	No	355	78.9	P=0.000 (HS)
	Yes	95	21.1	
Psychological	No	396	88	P=0.000 (HS)
	Yes	54	12	
Sexual	No	378	84	P=0.000 (HS)
	Yes	72	16	
having a children	No	395	87.8	P=0.000 (HS)
	Yes	55	12.2	
Marriage without women agreement	No	389	86.4	P=0.000 (HS)
	Yes	61	13.6	
Husband's drug addiction.	No	395	87.8	P=0.000 (HS)
	Yes	55	12.2	
Husband's consumption of alcohol	No	395	87.8	P=0.000 (HS)
	Yes	55	12.2	
Not doing the household chores properly.	No	412	91.6	P=0.000 (HS)
	Yes	38	8.4	
Going to parentis home without permission	No	432	96	P=0.000 (HS)
	Yes	18	4	
Interference by wife's parents.	No	434	96.4	P=0.000 (HS)
	Yes	16	3.6	
Conflicts about family planning.	No	429	95.3	P=0.000 (HS)
	Yes	21	4.7	
Husband taking another wife.	No	426	94.7	P=0.000 (HS)
	Yes	24	5.3	
Husband's beating the children	No	427	94.9	P=0.000 (HS)
	Yes	23	5.1	

(*) **HS:** Highly Sig. at $P < 0.01$; Testing method are based on Binomial test.

Table 3 showed present of physical abuse items that pass ($RS \geq 57.7$ positive respond, while the failure $RS \leq 53.3$ negative respond), also this table showed present sexual abuse items that pass

($RS \geq 66.7$) positive respond, while the failure ($RS \leq 43.0$) negative respond also shows emotional or psychological abuse items that all moderate assessment ($RS \geq 59.3$) positive respond.

Table (3): Summary statistics and initial assessment of studied questionnaire items about family violence

	Items	No.	MS	SD	RS	Ass.
Physical Abuse	Pushed them, attacked them with a sharp object.	450	1.46	0.69	48.7	Low
	Slapped	450	1.73	0.68	57.7	Mod.
	Shored	450	2.03	0.84	67.7	Mod.
	Punching, kicking, choking	450	1.90	0.76	63.3	Mod.
	Threatened with a weapon	450	2.61	0.60	87.0	High
	Twisted their arm or pulled their hair	450	2.09	1.00	69.7	Mod.
	Beat on the head resulting in a coma	450	2.14	0.36	71.3	Mod.
	Hit with a belt or stick, strangled	450	1.60	0.49	53.3	Low
	Crabbed strongly	450	1.74	0.70	58.0	Mod.
	Attack resulting in breaking of bones	450	1.29	0.71	43.0	Low
	Leaving a person in a dangerous place	450	1.98	0.13	66.0	Mod.
	Refusing to help when a person is sick or injured	450	2.98	0.13	99.3	High
Sexual Abuse	Trying to make her perform sex acts against her	450	2.00	0.25	66.7	Mod.
	Pursuing sexual activity when she is not fully conscious or is afraid to say "no"	450	2.04	0.36	68.0	Mod.
	Hurting her physically during sex .	450	2.04	0.32	68.0	Mod.
	Coercing her to have sex without protection against pregnancy or sexually	450	1.29	0.69	43.0	Low
	transmitted diseases	450	2.01	0.33	67.0	Mod.
Emotional or psychological Abuse	Threats of harm to victim, family and friends	450	1.78	0.79	59.3	Mod.
	Threats to deport victim .	450	1.78	0.79	59.3	Mod.
	Physical and social isolation	450	2.10	0.74	70.0	Mod.
	Extreme jealousy and possessiveness, such as monitoring phone calls	450	2.10	0.74	70.0	Mod.
	Deprivation of basic needs.	450	2.22	0.79	74.0	Mod.
	Cursed or insulted	450	2.22	0.79	74.0	Mod.
	Told that they were fat or ugly	450	1.88	0.87	62.7	Mod.
	Destroyed or spoiled their property	450	1.88	0.87	62.7	Mod.
	Yelled or shouted at them	450	1.90	0.74	63.3	Mod.
	Went out shouting and angry during a row	450	1.90	0.74	63.3	Mod.

Table (4) showed domestic violence items that all moderate assessment (RS < 55.55) negative respond,(RS > 55.56) positive respond that the overall

assessment of pass was (RS ≥55. 56, ≤ 100), while the failure ((RS ≥33. 33 ≤ 55.55), that there were meaningful.

Table (4): Summary statistics and initial assessment of studied main domains about family violence

Main Domain	No.	GMS	SD	RS	Ass.
Physical Abuse	450	1.9625	0.2642	65.4	Mod.
Sexual Abuse	450	1.8773	0.2415	62.6	Mod.
Emotional or psychological Abuse	450	1.9764	0.1747	65.9	Mod.
Overall Assessment	450	1.9388	0.1685	64.6	Mod.

As shown in table (5). To predicting /or to Find out the relationship between (Demographical Characteristics) and overall assessments due to compact the two main domains according to "Under/Upper" cutoff point, correlation ship through the contingency coefficient of the contingency tables had been constructed in table (5), which were illustrated and testing the distribution's effectiveness among different levels of the predicted variables and the two categories of an overall responding of assessment which were reported (under / upper) cutoff point at score value (55.55%) for the relative sufficiency of the Global Mean of Score.

The results has reported that "Demographical Characteristics" parameters, had no significant relationship with an overall assessment of (physical, sexual and psychological abuse) expect with wife education, wife occupation , type of family , income, and having children according to "Under/Upper" Cutoff point for the global mean of score values, since a non-significant correlation ships were obtained at $P > 0.05$.

Table (5): Association of Socio-Demographical Characteristics variables according to redistribution (Under/Upper) Cutoff point of overall assessment

Demographical Characteristics Variables	C.C.	Sig.	C.S. (*)
Age Groups	0.136	0.132	NS
Wife education	0.123	0.004	HS
Wife occupation	0.131	0.003	HS
Type of Family	0.133	0.005	HS
Crowding Index	0.083	0.075	NS
Bank account	0.023	0.633	NS
Monthly Income	0.134	0.005	HS
Having children	0.129	0.002	HS

(*) **HS:** Highly Sig. at $P < 0.01$; **NS:** Non Sig. at $P > 0.05$; Testing method are based on Contingency Coefficient test.

Discussion

Violence against women is a worldwide problem and a serious human rights abuse that occurs among all social, cultural, economic, and religious groups. A wide range of negative health outcomes and even death had been recognized as consequences of violence [8]. Violence against women in developing countries is emerging as a growing concern for public health practitioners as it is well known that

women are vulnerable to many forms of violence, and domestic violence represents the commonest form [9].

In this study, most of the women belong to the age 25-29 years and the mean age of women was 29.7 ± 6.65 years. The finding of the present study is disagrees with findings reported by Hazha H Al-Atrushi, et al., (2013) and Faruk Kocacik, et al., (2006). They found the mean age of study participants

was 35.18 ± 9.69 years this may be because the differences in the results of the above mentioned studies could be related to the sampling methods used, and to the characteristics of women included in these studies; and of course related to the country where the study was carried out. This study shows that about 33.8% of women were primary education, the finding of the present study is an agreement with finding reported by Rivera-Rivera *et al.*, (2004) and Harwell *et al.*, (2003) and Koenig *et al.*, (2003), they found a high percentage 42.7% of the women were primary education, this could be a possible reason for the effect of educational level as an important predictor of violence against women.

This study shows that about 45.8% of women were housewives, the finding of the present study is an agreement with finding reported by Faruk *et al.*, (2006) and Al-Tawil (2012), they found about 74% of women exposed to violence were housewives, as opposed to civil servants and workers who together reached the rate of 26.4%, confirming the protective effect of economic independence.

Being low income level found to affect the occurrence of violence of women compared to being enough monthly income this results confirms the finding by Al-Atrushi, *et al.*, (2013) and Faruk *et al.*, (2006) and Jewkes *et al.*, (2002), they found low-income level showed a higher rate of violence. In our study, the rate of domestic violence decreased as the annual income level increased. This can be explained by the protective effect of economic independence [3, 17].

Cultural, psychological, sexual, having children, have significant association with violence in women with p -value <0.000 , the findings reported by

Faruk *et al.*, (2006), found economic, cultural, and psychological factors are among the most frequently stated causes of violence. The present study shows that husband's drug addiction was perceived reason for abuse this results confirms the finding by Parish *et al.*, (2004), that reported on the association between domestic violence and drug and alcohol use.

Another perceived reason for the abuse was the husband's consumption of alcohol. Similar finding were reported by Parish *et al.*, (2004) and Abdul Jabbar (2006), they found strong association between alcohol drinking and violence.

Not doing the household chores properly are one of the reasons reported by women in our study, the same result were seen by Ali (2007), reported domestic chores are one of the reasons for violence this may be because result in the women becoming stressed and irritable which then often gives the husband and in laws the opportunity to physically abuse her [21].

Among physical abused women by husband's 48.7% had been ever pushed them, attacked them with a sharp object, this finding is comparable with those of population-based studies which revealed that 40-72% of all women who have been physically abused by a partner are injured at some point in their life [22]. In Baghdad, domestic violence by husbands was associated with minor injuries in 44.7% of cases and permanent deformity in 10.9% of cases [20].

Among sexually abused women by husband, 68% had been hurting her physically during sex, and pursuing sexually activity when she is not fully conscious or is afraid to say "no" the same much higher rates were reported by Garcia-moreno *et al.*, (2006), These variations in the prevalence of violence

between international studies and this study can be explained by differences in the study setting, study design, and characteristics of the population.

Our study showed more than half of women at least one form of emotional or psychological abuse, the additional items of threatening of harm to victim, family and friends, threats to deport victim. The same results were seen Mohammad *et al.*, (2010), and Kocacik and Dogan (2006), they found rate is 53.5% , 53.8% respectively , this may be because that the cultural background of male dominated societies further raises the prevalence of violence against women.

The present study showed that many factors are associated with violence, one of these factors is wife education, as reported by one study, many women perceived that education improved women's status and increased their contribution to their household, thereby awarding them more freedom and less dependency [26]. Another factor for the domestic suffered by our participants was wife working, finding of the present study is an agreement with finding reported by Guo *et al.*, [2004], found the positive association between domestic and wife occupation this could be explained by the wife working as a manual worker (or unemployed), which may reflect poverty and a low socio-economic status. Poverty increases home conflicts and reduces the woman's power. It also reduces the ability of men to live in a manner that they regard successful [28].

Another factor for the domestic violence low socio-economic status similar finding were reported by Muhammed-Taher (2011), this may be because Poverty increases home conflicts and reduces the woman's power. It also reduces the ability of men

to live in a manner that they regard successful [30].

In conclusions, this study shows the highest rate of domestic violence was among age group 25-29 years, The research concluded that the women exposure from emotional or psychological violence more than physical and sexually violence. Economic problems, cultural, psychological problems were reported were the commonest reasons for domestic violence followed by husband's drug addiction, and husband's consumption of alcohol, and not doing the household chores properly. Factors found to be significantly associated with overall violence were: lower educational level, had higher levels of unemployment, type of family, lower income and having children.

The media could play a leading role in persuading society to be more supportive of women and their role in society, Awareness is the first step towards a more supportive and tolerant society, Further research to explore the determinants of domestic violence against women in an –depth manner is needed. References

References

- [1] Hyman I, Guruge S, Stewart DE, Ahmad F. Primary prevention of violence against women. *Womens Health Issues*. 2000; 10: 288-93.
- [2] Keeling J, Birch L. The prevalence rates of domestic abuse in women attending a family planning clinic. *J Fam Plann Reprod Health Care*. 2004; 30: 113
- [3] Koenig MA, Lutalo T, Zhao F, Nalugoda F, Wabwire-Mangen F, Kiwanuka N, et al. Domestic violence in rural Uganda: evidence from a community-based study. *Bull World Health Organ*. 2003; 81:53-60.

- [4] WHO: Violence against women. WHO Fact sheet No.239; 2009. <http://www.who.int/mediacentre/factsheets/fs239/en/>
- [5] Ellsberg M, Heise L, Pena R, Agurto S, Winkvist A. Researching domestic violence against women: methodological and ethical considerations. *Stud Fam Plann.* 2001; 32:1-16.
- [6] Abdul Jabbar MA: The prevalence of violence among a group of married women attending two teaching hospitals in Baghdad. Board dissertation. Iraq: Iraqi Commission for Medical Specializations; 2006.
- [7] Muhammed-Taher HH: Prevalence and factors associated with violence among a group of married women in Erbil. Iraq: MSc thesis. Hawler Medical University, College of Medicine; 2011.
- [8] Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World report on violence and health. Geneva: WHO; 2002.
- [9] Heise L, Pitanguy J, Germain A. Violence against women: the hidden health burden. Washington DC, The World Bank, 1994.
- [10] Hazha H Al-Atrushi, Namir G Al-Tawil, Nazar P Shabila and Tariq S Al-Hadithi. Intimate partner violence against women in the Erbil city of the Kurdistan region, Iraq. *Al-Atrushi et al. BMC Women's Health* 2013, 13:37.
- [11] Faruk Kocacik, Orhan Dogan. Domestic Violence against Women in Sivas, Turkey: Survey Study. *Croat Med J* 2006; 47:742-749.
- [12] Rivera-Rivera L, Lazcano-Ponce E, Salmeron-Castro J, Salazar-Martinez E, Castro R, Hernandez-Avila M. Prevalence and determinants of male partner violence Magainst Mexican women: a population-based study. *Salud Publica Mex.* 2004; 46:113-22.
- [13] Harwell TS, Moore KR, Spence MR. Physical violence, intimate partner violence, and emotional abuse among adult American Indian men and women in Montana. *Prev Med.* 2003;37:297-303.
- [14] Koenig MA, Ahmed S, Hossain MB, Khorshed Alam Mozumder AB. Women's status and domestic violence in rural Bangladesh: individual- and community-level effects. *Demography.* 2003; 40:269-88.
- [15] Namir Ghanim Al-Tawil. Association of violence against women with religion and culture in Erbil Iraq: a cross-sectional study. *Al-Tawil BMC Public Health* 2012, 12:800.
- [16] Jewkes R, Levin J, Penn-Kekana L. Risk factors for domestic violence: findings from a South African cross-sectional study. *Soc Sci Med.* 2002;55:1603-17.
- [17] Erlick Robinson G. Violence against women in North America. *Arch Womens Ment Health.* 2003;6:185-91.
- [18] Parish WL et al. Intimate partner violence in China: national prevalence, risk factors and associated health problems. *International family planning perspective*, 2004, 30(4):174-81.
- [19] Parish WL, Wang T, Laumann EO, Pan S, Luo Y. Intimate partner violence in China: National prevalence, risk factors and associated health problems. *Int Fam Plan Perspect* 2004, 30(4):174-181
- [20] Abdul Jabbar MA. The prevalence of violence among a group of married women attending two teaching hospitals in Baghdad. Board dissertation. Iraq: Iraqi Commission for Medical Specializations; 2006.
- [21] Ali TS and Bustamante-Gavino I. prevalence of and reasons for domestic violence among women from low socioeconomic communities of Karachi.



Eastern Mediterranean Health Journal, 2007, 13 (6): 1417-1425.

[22] Tjaden P, Thoennes N: Full report of the prevalence, incidence, and consequences of violence against women. Finding from the national violence against women survey. Washigton: Department of Justice, National Institute of Justice and CDC; 2000.

[23] Garcia-moreno C, Jansen HA, Ellsberg M, Heise L, Watts C: Prevalence of intimate partner violence: finding from WHO multi-country study on women's health and domestic violence. Lancet 2006, 368:1260–1269.

[24] Mohammadhosseini E, Sahraean L, Bubrami T: Domestic abuse before during and after pregnancy in Jahrom, Islamic Republic of Iran. East Mediterr Health J 2010, 16(7):752–758.

[25] Kocacik F, Dogan O: Domestic violence against women in Sivas, turkey: survey study. Croat Med J 2006, 47:742–749.

[26] Bates, LM, Sidney RS, Farzana I and Khairul I. Socioeconomic factors and processes associated with domestic violence in rural Bangladesh. International family planning perspectives, 2004, 30(4):190-9.

[27] Guo SF, Wu JL, Qu CY, Yan RY: Domestic abuse on women in China before, during, and after pregnancy. Chin Med J 2004, 117(3):331-336.

[28] Jewkes R: Intimate partner violence: causes and prevention. Lancet 2002, 359:1423-1429.

[29] Muhammed-Taher HH: Prevalence and factors associated with violence among a group of married women in Erbil. Iraq: MSc thesis. Hawler Medical University, College of Medicine; 2011.

[30] Akmatov MK, Mikolajczyk RT, Labe S, Dhaher E, Khann MM: Factors associated with wife beating in Egypt:

Analysis of two surveys (1995 and 2005). BMC Women's Health 2008, 8:15.