

Original paper

Husbands Violence against Wives in Kerbala Governorate, Iraq in 2018

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Abstract

Background: Husband violence is an international problematic behavior with grave abuse of civilian privileges that happens between all religious, cultural, economic and social groups. However, this problem is widely prevalent in under-developed countries with huge mass of media news and discussion about its great impact and sequel in these societies. It aims to identify the lifetime prevalence of husband among health center clients and to identify its relationship to socio-demographic variables.

Methods: a survey was conducted among a cross sectional sample among 320 women (aged 15 to 65 years) attending primary health care centers in Kerbala governorate in Iraq in 2018. A female doctor measured husband violence and potential predictors through interview questionnaire dependent mainly on the World Health Organization questionnaire used in multi-country study questionnaire.

Results: Tow thirds of the sample were exposed to husband violence. The verbal violence was the most common type of husband violence (27.5%) followed by sexual (21.6%) and physical violence (20.3%). Even pregnant women were not spared while all divorced women in the sample were abused. Low economic income significantly raised husband violence which was also associated with husband substance use (smoking, alcohol and other substances). Abused women welcomed any help even by health care personals (64%).

Conclusions: Husband violence was very common problem among women in Karbala city and verbal violence was the most common type. The problem needs further large scale investigation and urgent preventive programs to be set through wide community efforts.

Keywords: Intimate Partner Violence, Husband violence, Verbal violence, Physical violence, sexual violence, substance use

Conflict of interest: none

Introduction

Violence against women; particularly Intimate Partner Violence (IPV) is a main community health and social problem and represent a clear abuse behavior of women's human privileges. Worldwide estimations published by WHO indicate that about one in three (35%) of females internationally have exposed to either sexual and/or physical husband abuse or non-spouse sexual abuse in their lifetime ⁽¹⁾. The term violence against women involves a gathering of abuses focused at

females and girls over the lifecycle. The UN Declaration on the Elimination of Violence against Women defined violence against women as “any action of sex-centered violence that ends in, or was likely to end in physical, sexual or psychological injury or distress to women ⁽²⁾. Abused females have more than twofold the total of medical visits, an eight-fold greater mental healthcare practice and greater hospitalization rate compared to non-harmed females ⁽³⁾. Husband violence acts has been recognized as happening through all

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religious convictions, civilizations, nations, ages and financial status ^(4,5). Now, only about one third of females facing husband violence willingly disclose their problem with their health care doctors, and most physicians do not regularly monitor for abuse ⁽⁶⁾. In the Arab and Islamic societies, husband violence is common, nevertheless is not considered to have a main concern in spite of its growing frequency and its grave consequences ^(7,8,9). However, the true prevalence of IPV was unknown since several sufferers are frightened to reveal their individual experiences of violence. Primary Health Care physicians have a duty to assess for this type of violence as a way of checking health status. ^(10,11)

Subjects and methods:

A cross sectional study was conducted among clients attending four Primary Health Care (PHC) centers in Kerbala governorate in 2018. Ethical approval was obtained from Kerbala Health Directorate and a verbal consent was obtained from each participant.

Three PHCs were in urban area and one PHC in rural area and all were serving a total of about 120 000 population between 15th March and 15th June 2018. The sample size was calculated depending on the expected prevalence rate from previous similar studies which suggested the need for a sample of 300 women. A total of 320 married women between 15 and 65 year were interviewed by the researcher.

A structured questionnaire mostly depended on the World Health Organization (WHO) domestic violence questionnaire ⁽¹²⁾, and few other questionnaires used in similar studies. This was translated into Arabic language with some modification to suit Iraqi culture and introduced by straight interview by a female researcher. It includes socio-demographic variables, frequency and types of husband violence. The

questionnaire was piloted among 20 women and minor changes were made and showed the need for 20 minute interview to conduct the study.

Data analysis used the Statistical Package for Social Science version -22 (SPSS-22) at a significance level of <.05.

R results:

The mean age of the participants was 34.9±11.1 year with a range extending between 15 and 63year. About two thirds of the women in the sample (61.9%, 198 woman) were exposed to husband violence, and was mostly verbal in type (table 1). A striking finding was that more than one third of the participants (34.4%) reported being abused by their husband even during pregnancy. Abused women accepted intervention by anyone who can help, where about two thirds (63%) agreed or strongly agreed to be helped by the health care workers to detect and treat husband violence.

The significant predictors for husband violence were the family income and marital state. There were 20 divorced women in the sample and all of them were exposed to husband violence. Similarly, one fifth (20.2%) of women whose income was not enough were exposed to violence compared to 9.8% among those with enough income (table 1).

The type of violence distribution showed most women were exposed to verbal violence followed by almost equal proportions of physical and sexual violence (figure 1). Life time prevalence of verbal violence among the total sample was 27.5%, while for physical and sexual violence 20.3% and 21.6%, respectively.

A noteworthy finding in the present study is the concomitant exposure of abused women to all types of violence as about one third of the sample were exposed to two or three types of violence at the same time (figure 2).

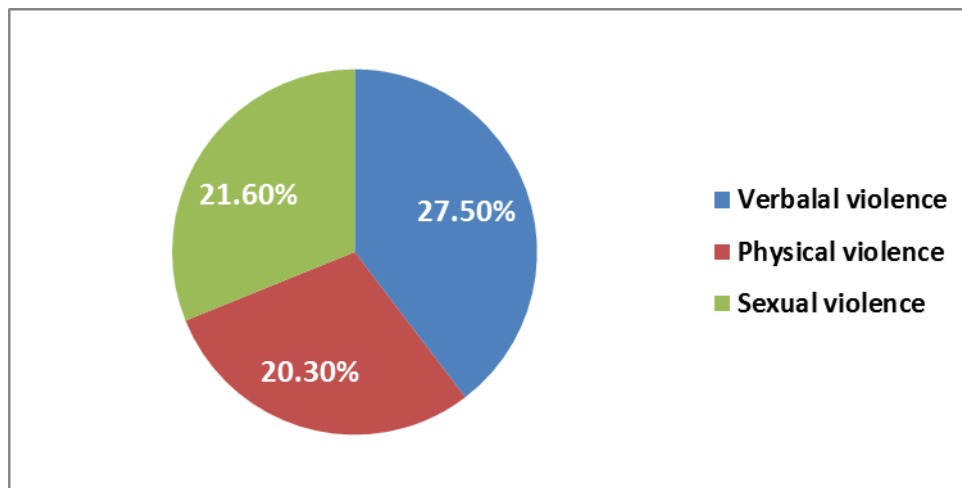


Figure 1. The distribution of the type of violence among of women in Kerbala governorate by history of exposure to violence (n=198)

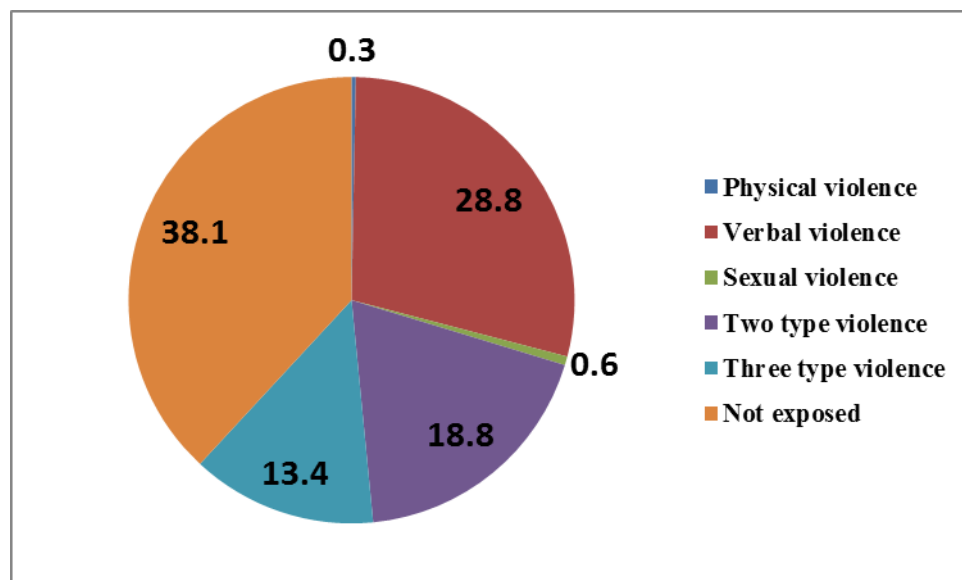


Figure 2. The distribution of the concomitant exposure to different types of violence among of women in Kerbala governorate by history of exposure to violence (n=320)

Comparison between abused and non-abused married women in relation to socio-demographic characteristics showed that there was no significant age difference between those exposed to violence and those not exposed; except for income (table 1). The highest prevalence of violence was found among 30-39 year age group (34%). The relation between husband violence and woman occupation showed that housewives had high prevalence of violence (63.6%) compared to other occupations (table 1), however the difference was not significant ($p=.797$). similarly women educational level showed

no significant association (table 1).

For the site in the body attacked by the perpetrator, 'multiple sites' was the most common followed by the head and especially the face (figure 2).

For verbal violence, the most common type was 'Using devalued words' reported to happen frequently or always by about two fifths (38.8%) of the total sample, followed by 'Marital Threaten' reported by about one third (29.7%) of women (table 2). While the least were 'Deprives me of financial rights' and 'Trying black-mail me' reported by about 10% each (table 2). For physical abuse, the most frequent act

was 'Slapping the face' reported to happen frequently or always by about one fifths (17.2%) of the total sample, followed by 'Pull me from my hair' and 'Beat me by sharp object' both reported by 11.5% of women (table 3). While the least were 'Burn me with matches' reported by about 5.7% (table 3).

Of the total 69 women exposed to sexual abuse, the most common type was 'Doesn't understand conditions that prevent sexual mating' reported to happen frequently or always by about one tenth (9.4%) of the total sample, followed by 'Feel humiliated for his sexual abuse' reported by a similar proportion (9.1%) of women (table 4). While the least were 'Hate myself whenever I respond to his sexual demands' reported by 7.2% (table 4). One of the main findings was that the husband violence act was repeated regularly on daily (in 15.9%), weekly (4.4%), and monthly (2.2%) or irregularly in 39.1% of cases.

Another noteworthy finding was the significant positive association between husband substance (alcohol, nicotine and other substances) use and husband violence (table 5).

Discussion

The current study found that the husband

violence (HV) was highly prevalent life time behavior in Karbala city (61.9%, figure 1). This prevalence was similar three previous Iraqi studies in Mosul City (58.4%), Baghdad (57.6 %) and Erbil city (58.6%)⁽¹³⁻¹⁵⁾. Almost similar prevalence rates were reported in Sivas, Turkey (52%), Eastern India (56%) and Jahrom/ Iran (64.7%)⁽¹⁶⁻¹⁸⁾.

This prevalence was considerably higher than the rates reported among women attending general practice in some other countries: two studies in Saudi Arabia (39.3%)⁽¹⁹⁾, and among health care centers clients in Madina/Saudi Arabia (42.5%)⁽²⁰⁾, Esfahan/ Iran (36.8%)⁽²¹⁾, Japan (14.3%)⁽²²⁾, Norway (26.8%)⁽²³⁾, China (43%)⁽²⁴⁾,. The large differences in the prevalence of women abuse might be related to difference in methodology such as definition of violence and issues of culture⁽²⁵⁾. The prevalence of husband violence in the present study revealed that two thirds of women were being ill-treated by their legal husbands. While most comparable studies, especially in developed countries, reflect actions of violence by "intimate partners", which includes: husband, ex-husband, former / current boyfriends or former / current dating partner⁽¹⁵⁾.

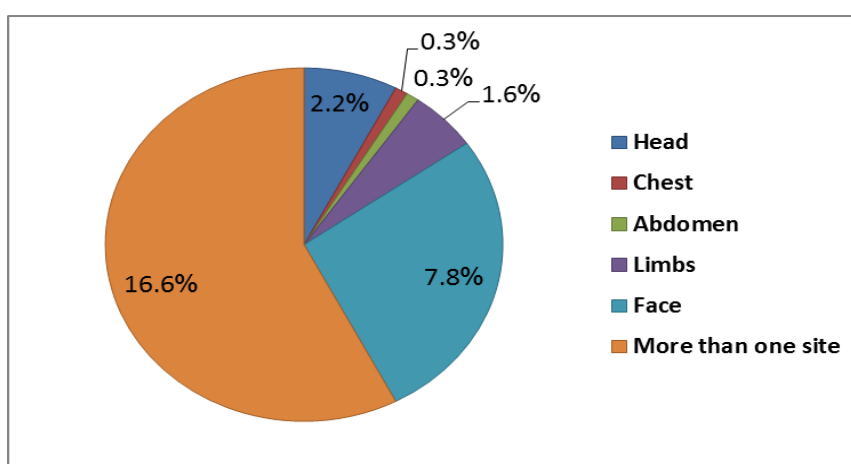


Figure 2. The site of trauma of physical abused women by their husband among married women in Kerbala governorate in 2018 (n=320)

Table 1. Comparison of demographic characteristics of women in Kerbala governorate by history of exposure to violence (n=320)

Variable	Group	Exposed to violence		Not exposed to violence		Total		Sign.
		Freq.	Percentage	Freq.	Percentage	Freq.	Percentage	
Age	Below20 year	12	6	4	3	16	5.0	.293
	20-29 year	57	28	44	36	101	31.6	
	30-39 year	68	34	23	18.8	91	28.4	
	40-49 year	40	20	33	27	73	22.8	
	50 year or more	21	10	18	14.6	39	12.2	
Marital status	Married	176	88.9	106	86.9			.016
	Divorced	20	10.1	0	0			
	Widow	2	1	16	13.1			
Birth place	urban	133	67.2	87	71.3	222	69.4	.276
	rural	65	32.8	34	27.9	98	30.6	
Occupation	student	9	4.5	3	2.5	12	3.8	.797
	house wife	126	63.6	79	64.8	205	64.1	
	Gov. employed	51	25.8	34	27.9	85	26.6	
	Private sector	12	6.1	6	4.9	18	5.6	
Address	Urban	154	77.8	87	71.3	241	75.3	.123
	rural	44	22.2	34	27.9	78	24.4	
Educational level	Illiterate	34	17.2	12	9.8	46	14.4	.113
	Read and write	32	16.2	20	16.4	52	16.3	
	Primary school	44	22.2	26	21.3	70	21.9	
	Secondary school	23	11.6	19	15.6	42	13.1	
	College or higher	65	32.8	45	36.9	110	34.4	
Income	More than enough	69	34.8	58	47.5	127	39.7	.005
	Enough	89	44.9	52	42.6	141	44.1	
	Not enough	40	20.2	12	9.8	52	16.3	
Total		198	67.2	122	32.83	320	100.0	

An important disclosed point in the present study was the positive association of IPV and family income (table 1). Many studies reported the association of income with IPV. This finding could explain the high prevalence of lifetime IPV among married women in Iraq where high unemployment rates are reported and the proportion of people below pool line reached 20% or more ^(26, 27). Regarding the relation of occupation of women to violence, this study revealed that violence was more among housewives (63.6%) although the relation was not statistically significant.

These results goes in line with other studies ^(28, 29) which indicated lack of equal access for employment, housing and insufficient resources can trap the women in abusive situation ⁽²⁸⁾. For the relation of husband violence and marital status, the current study indicated that the rate of husband violence was very high among divorced women and the relation was statistically significant (table 1). A significantly higher exposure to violence was reported in Palestine women in Al Khalil province ⁽³⁰⁾, and was attributed to social factors.

Table 2. The distribution of the types of verbal abused married women according to different practices of verbal violence among married women in Kerbala governorate in 2018 (n=320, frequency and percentage in brackets)

Variable	Never	Seldom	Occasionally	Frequently	Always
Using devalued words	22 (6.9)	13 (4.1)	38 (11.9)	38 (11.9)	86 (26.9)
Marital Threaten	41 (12.8)	18 (5.6)	44 (13.8)	34 (10.6)	61 (19.1)
Dismiss Threaten	72 (22.5)	42 (7.5)	28 (8.8)	24 (7.5)	49 (15.3)
Embarrasses me before others	43 (13.4)	23 (7.2)	44 (13.8)	25 (7.8)	63 (19.7)
Humiliates me	47 (14.7)	29 (9.1)	44 (13.8)	24 (7.5)	54 (16.9)
Prevents me visiting my family	48 (15)	33 (10.3)	40 (12.5)	24 (7.5)	52 (16.3)
Beat Threaten	49 (15.3)	23 (7.2)	36 (11.3)	30 (9.4)	60 (18.8)
Treat me as a servant	45 (14.1)	38 (11.9)	42 (13.1)	21 (6.6)	52 (16.3)
Makes me embarrassed in front of others	37 (11.6)	23 (7.2)	46 (14.4)	33 (10.3)	59 (18.4)
Screams at me	35 (10.9)	19 (5.9)	41 (12.8)	40 (12.5)	62 (19.4)
Grumbles from cooking method	56 (17.5)	27 (8.4)	38 (11.9)	24 (7.5)	53 (16.6)
Makes fun of my words	56 (17.5)	32 (10)	35 (10.9)	28 (8.8)	47 (14.7)
Threatens me to divorce	55 (17.2)	24 (7.5)	43 (13.4)	28 (8.8)	48 (15)
Mocks of dressing way	63 (19.7)	30 (9.4)	36 (11.3)	26 (8.1)	43 (13.4)
Isolates me from people	59 (18.4)	32 (10)	39 (12.2)	22 (6.9)	46 (14.4)
Accuses me of being unfit of marital duties	70 (21.9)	37 (11.6)	34 (10.6)	12 (3.8)	44 (13.8)
Deprives me of financial rights	88 (27.5)	26 (8.1)	30 (9.4)	13 (4.1)	41 (12.8)
Leave me without money for home needs	97 (30.3)	14 (4.4)	38 (11.9)	14 (4.4)	35 (10.9)
Force me to sell my valuables	111 (34.7)	11 (3.4)	28 (8.8)	12 (3.8)	36 (11.3)
Force me to ask money from family	129 (40.3)	9 (2.8)	26 (8.1)	8 (2.5)	25 (7.8)
Trying black mail me	123 (38.4)	19 (5.9)	25 (7.8)	6 (1.9)	25 (7.8)
Deprives me of financial rights	133 (41.6)	11 (3.4)	23 (7.2)	4 (1.3)	27 (8.4)

Table 3. The distribution of physical abused married women according to the type of physical acts by their husband among married women in Kerbala governorate in 2018 (n=65, frequency and percentage in brackets).

Physical violence	Never	Seldom	Occasionally	Frequently	Always
Beat me by sharp object	133 (41.6)	12 (3.8)	17 (5.3)	8 (2.5)	28 (8.8)
Pull me from my hair	133 (41.6)	14 (4.4)	14 (4.4)	10 (3.1)	27 (8.4)
Smashing home furniture	132(41.3)	19 (5.9)	17 (5.3)	7 (2.2)	23 (7.2)
Suffocates me	142 (44.4)	7 (2.2)	19 (5.9)	9 (2.8)	21 (6.6)
Burn my body with matches	165 (51.6)	6 (1.9)	9 (2.8)	5 (1.6)	13 (4.1)
Slaps my face	109 (34.1)	10 (3.1)	24 (7.5)	22 (6.9)	33 (10.3)

Table 4. The distribution of sexual abused women according to most sexual acts by their husband among married women in Kerbala governorate in 2018 (n=320, frequency and percentage in brackets)

Type of sexual violence	Never	Seldom	Occasionally	Frequently	Always
Feel humiliated for his sexual abuse	137 (42.8)	12 (3.8)	20 (6.3)	6 (1.9)	23 (7.2)
Sexual practice was required at time not suit for me	137 (42.8)	15 (4.7)	19 (5.9)	6 (1.9)	21 (6.6)
Hate myself whenever I respond to his sexual demands	144 (45)	14 (4.4)	16 (5)	3 (0.9)	21 (6.6)
Doesn't understand conditions that prevent sexual mating	141 (44.1)	13 (4.1)	14 (4.4)	7 (2.2)	23 (7.2)
Don't care about my sexual health	134 (41.9)	18 (5.6)	18 (5.6)	3 (0.9)	25 (7.8)

Table 5. The relation between husband substance (smoking, alcohol and other substances) and husband violence among married women in Kerbala governorate in 2018 (n=320)

Variables		Frequency	Percentage	Significance
History of smoking	Non-smoker	56	28.3	< 0.001
	smoker	114	57.6	
	Second hand smoker	7	3.5	
	Previous smoker	21	10.6	
Husband addiction status	always	10	3.1	< 0.001
	sometime	22	6.9	
	never	161	50.3	
	in the past	5	1.6	
History of alcohol status	always	10	5.1	< 0.001
	sometime	11	5.6	
	never	153	77.3	
	in the past	24	12.1	
	Total	198	100.0	

The studies done in Turkey ⁽¹⁶⁾, Native Americans ⁽²⁶⁾, and Egypt ⁽³¹⁾ reported higher rate of violence among married women which was similar to this study.

On comparison between abused women and non-abused women to know the role of socio-demographic characteristics, the current study showed that husband violence was higher in the age group 30-39 year; however the association with age was not significant. The prevalence of life time violence among women was increasing with advancing age until the age range(40-49 year) where it start to decrease (table 1). These findings were similar to the study in Erbil/Iraq ⁽¹⁵⁾. An Egyptian study reported that younger women are more likely to experience IPV (21%) compared to older women (5%) ⁽³²⁾. A similar outcome was also observed in Zambia with younger women reporting 35%, while older women reporting 15.8 % ⁽³³⁾. However, a study in Cambodia reported that older women were more likely to experience IPV at 18% compared to younger women at 4.0% ⁽³⁴⁾.

The violence against women born in urban area was more than women born in rural area, but the difference was not statistically significant. These results were comparable to another study done in Iraq ⁽³⁵⁾. On the contrary, another study in Georgia showed that violence was more in rural setting ⁽³⁶⁾. Women with higher levels of education were found to experience

increased level of violence, but the association was not significant, and this was similar to the finding reported in an Iranian study ⁽³⁷⁾. A possible reason might be related to the reported finding that educated women are more liberal and this might involve them in greater situations leading to IPV. In contrast, many scholars have suggested that women's education was protective against IPV ⁽³⁸⁻⁴⁰⁾.

The verbal violence was the most common type of violence in this study and this result came in concordance with other studies carried out in Iraq ⁽²⁹⁾, and in other countries. ^(16, 18, 19, 21, 41). This prevalence of verbal violence was almost comparable to the rate in Jahrom, Iran (53.5%)⁽¹⁸⁾, Esfahan, Iran (44.8%) ⁽²¹⁾, Sivas/ Turkey (53.8%) ⁽¹⁶⁾ and in Eastern India (52%). Though, it was more than the prevalence described in Madina, Saudi Arabia (32.8%) ⁽⁴¹⁾. Much higher prevalence of emotional abuse were described in Jordan (73.4%) ⁽⁴²⁾, India ⁽¹⁷⁾ and Karachi, Pakistan (97.5%) ⁽⁴³⁾. These variances in prevalence of each category of abuse are expected for methodological difference. Other important cause is related to cultural environment such as the social experience of male dominated culture in oriental societies which help to increase the prevalence of abuse against females. The majority of women experienced more than one type of verbal violence at the same time, the most prevalent of which was

“using of devalued words”. A similar study in Saudi Arabia revealed that more than half of emotionally abused women were insulted or belittling ⁽¹⁹⁾, and this was in the range of prevalence in some regions studied in the WHO multicounty research among variable socio-economic settings and cultures like Australia, Namibia, Bangladesh, Thailand, New Zealand, , Tanzania, , and Brazil ⁽⁸⁾. It was a bit lower than those described among females attending general health practice in Ireland 39% ⁽⁴⁴⁾ and in Sivas, Turkey 38.3% ⁽¹⁶⁾. However, it was comparable to the prevalence described among a sample of reproductive health hospital attendees in Jordan (31.2%) ⁽⁴²⁾, at a national community based research in Egypt (34%) ⁽³¹⁾, and also among a sample of pregnant females in Jahrom, Iran (34.7%) ⁽¹⁸⁾, and in Esfahan, Iran (31.9%) ⁽²¹⁾.

Considerably greater rates of lifespan physical abuse by partners were described in rural Bangladesh (67%) ⁽⁴⁵⁾. In low socioeconomic communities in Karachi, Pakistan (80%) ⁽⁴³⁾, and Ethiopia (49%) ⁽⁸⁾. Whilst, considerably worse figures were described in Eastern India (16%) ⁽¹⁷⁾, Cambodia (18%) and Vietnam (25%) ⁽⁸⁾. In the present study, the perpetrator used multiple practices of physical violence and the most prevalent form was beating which leads to injuries and the main affected part of the body was the face. Similarly, a recent study; available on MEDLINE and in an edited book; indicated that 85% of IPV victims were found to have injuries on more than one area of the body. The most common sites for injury were the eye, the side of the face, the throat and neck ⁽⁴⁶⁾.

The prevalence of lifespan sexual husband abuse of (21.6%) in this study (figure 1), was greater than in Baghdad 14.6% ⁽⁴⁷⁾, but it was within the range of World Health Organization multi-county survey, while most regions fall between 10% and 50% ⁽²⁵⁾. Lower prevalence were encountered in China (12%), Samoa (11.2%) and Tanzania (12.8%) ⁽²⁵⁾. Greater prevalence were encountered in

Bangladesh (20.2% and 17.1%), Thailand (15.6%) and Tanzania 18.3% ⁽²⁵⁾. However, greater prevalence were encountered in Ethiopia (44.4%) ⁽²⁵⁾, and Babol of Iran (42.2%) ⁽⁴⁸⁾. These differences in the rate of violence between worldwide researches and this research can be described by variances in the research setting, design of study, and population characteristics.

More than one third (34.4%), 110 out of 320) of women in the present study were exposed to husband violence during pregnancy. This finding obviously demonstrates that pregnancy does not inhibit the event of husband violence however, different evidence presents about whether husband violence decreases or increases during pregnancy ⁽⁴⁸⁾. Clinical researches around the world, usually showed lower prevalence rates of IPV during pregnancy, but these are often the only available sources of information found. The highest rates of prevalence was reported in Egypt with 32%, followed by India (28%), Saudi Arabia (21%) and Mexico (11%) ⁽³⁹⁾.

Regarding the relation of smoking to husband violence, the study showed that husband violence was higher among smoker perpetrator in comparison with nonsmokers and ex-smokers and the relationship was statistically significant (table 5). Only one study in Iraq found that smoking had no significant role in this problem ⁽⁴⁹⁾. However, most studies showed statistically significant association between smoking and other substance use in the perpetrator and IPV ^(4, 50, 51). Regarding the relation between alcohol in the perpetrator and violence, there was a significant association between alcohol consumption and violence, alcohol consumption, especially at harmful and hazardous levels was a major contributor to the occurrence of IPV and links between the two are manifold ^(4, 52). Evidence suggests that alcohol use increases the occurrence and severity of domestic violence ^(53, 54). For other substances use,

the present study found that the relation was statistically significant. A systematic review has also documented a significant relationship between the use of illicit drugs and IPV^(54, 55).

The current study showed high rate of women who encourage screening women for husband violence in the primary health care centers. Advocates and other IPV experts have specifically recommended that physicians should routinely screen for and identify primary care patients whose partners are abusive^(49, 56). Family physicians and other primary care practitioners are encouraged or expected to screen for an expanding array of concerns and problems including IPV⁽⁵⁷⁾. In spite of the closed classical culture in Kerbala city like other oriental cities, a great majority of the participants agreed with idea that PHCs help to detect and manage IPV. This reflects the amount of fear and suspicion on the side of married women to take any legal action against IPV which should be undertaken by police and judicial authorities. A similar finding and opinion was found in a cross-section study in Madrid/Spain which concluded that the primary health care centers are the ideal place for detection of domestic violence due to its easy accessibility and might provide continued assistance⁽⁵⁸⁾.

Limitation of the study

This research has a number of limits. The results cannot be inferred to all women in Iraq Karbala region as the study included primary health care centers (4 centers) convenient sample of applicants from Karbala governorate. The research is subjected to selection bias due to the diverse inclusion and exclusion criteria. For example, the women whose husbands attended them were excluded from the research to let women to talk liberally about such sensitive matters. These women might be considerably dissimilar and likely, under more monitoring behavior than those whose husbands did not accompany them. In addition, as the study was cross-sectional, it might be not

possible to specify the cause effect association as these were determined at the same point in time.

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