



**Husband violence against their wives attending
of primary health care centers in Kerbala
Governorate 2018**

**A Thesis Submitted to the Council of College of Medicine-University
of Kerbala as Partial Fulfillment for the degree of Higher Diploma in
Family Medicine**

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

((وَعَاثِرُوهُنَّ بِالْمَعْرُوفِ
فَإِنْ كَرِهْتُمُوهُنَّ فَعَسَىٰ أَنْ
تَكْرَهُنَّ أَشْيَاءَ وَيَجْعَلَ اللَّهُ فِيهِ
خَيْرًا كَثِيرًا))

صدق الله العلي العظيم
سورة النساء الآية (19)

Dedication

To my husband.....

To my son....

To my family.....

To all my friends.....

Certification of supervisor

We certify this thesis entitled “**Husband violence against their wives attending of primary health care centers in Kerbala governorate 2018**” Which was presented by “**Nabaa Hayder jawad**” and was made under our supervision at the Department of Family and Community Medicine, College of Medicine, University of Kerbala, as a partial fulfillment of requirements for the degree of Higher Diploma (2 calendar years) in Family Medicine.

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List of Abbreviations

HV	Husband violence
CCV	Common couple violence
DV	Domestic violence
HIV	Human Immunodeficiency Virus
MVC	Mutual violence control
STD	Sexual transmitted disease
SD	Stander deviation
SPSS	Statiscal Package for the social Sciences
WHO	World Health Organization
UK	United Kingdom
UN	United Nation
US	United State
VR	Violent Resistance
VT	Violent Trauma
X²	Chi_Square

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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. There is a paucity of research on husband violence against women in Iraq, particularly in the Karbala city. This study assessed the prevalence of emotional, physical and sexual husband violence against women in KERBALA.

Objectives:

1. Identify the prevalence of husband violence among females who attend primary health care center in Kerbala city
2. To identify the relationship between husband violence and sociodemographic characteristic of family.
3. identify the type of violence.

Methods:

Women (aged 15 to 65 years) attending primary health care center in Kerbala city included in the study. The study was conducted between 1st of January 2018 and 30th of June 2018 in four primary health care centers. Each woman was seen only once. Husband violence was assessed by administering a modified version of the World Health Organization's domestic violence questionnaire through direct interview by a female doctor. Prevalence of husband violence was assessed by timing, frequency, and type (emotional, physical, and sexual violence). Descriptive statistical analysis was conducted with calculation of frequencies and percentages of women who reported different types, severities and impact of husband violence.

Results:

Prevalence of husband violence in Kerbala city was (61.9%), (34.4%) of them pregnant women had exposed to husband violence. The verbal violence was the most common type of husband violence (45.1%) followed by sexual (34.8%) and physical violence (32.8%).

There was significant statistical association between perpetrators alcohol consumption and violence ($P=0.000$).

The prevalence of women who welcomed to use the primary health care center as the site for husband violence screening was (64%).

Conclusion:

Husband violence is a major public health problem among women in Kerbala city and verbal violence was the most common type.

The major proportion of women exposed to violence were pregnant.

In the majority of women who were exposed to violence, their husbands were not alcoholic or addict to drugs or substances.

INTRODUCTION

Violence against women – particularly husband violence and sexual violence – is a major public health problem and a violation of women's human rights. Global estimates published by World Health Organization indicate that about 1 in 3 (35%) of women worldwide have experienced either physical and/or sexual husband violence or non-partner sexual violence in their lifetime. ⁽¹⁾ The term violence against women encompasses a multitude of abuses directed at women and girls over the life span. The UN Declaration on the Elimination of Violence against Women (defines violence against women as: “...any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. ⁽²⁾ In addition to causing injury, violence increases women’ s long-term risks of a number of other health problems, including chronic pain, physical disability, drug and alcohol abuse, and depression ⁽³⁾ Secondary to the biopsychosocial effects of battering are the high costs of such violence. Abused women have more than double the number of medical visits, an 8-fold greater mental healthcare usage, and an increased hospitalization rate compared to non-abused women⁽³⁾ the domestic violence problem has been identified as occurring across all religions, ethnicities, cultures, ages and economic status⁽⁴⁾ .Currently, only about one third of women experiencing partner violence voluntarily discuss their problem with their health care providers, and most providers do not routinely screen for abuse.⁽⁵⁾ Recent systematic reviews suggest that

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women's experiences of IPV are associated with young age, low education, exposure to child maltreatment, harmful use of alcohol, acceptance of violence, educational disparity between partners, and marital discord. ⁽⁶⁾ Men are more likely to perpetrate violence if they have low education, a history of child maltreatment, exposure to domestic violence against their mothers, harmful use of alcohol, unequal gender norms including attitudes accepting of violence, and a sense of entitlement over women. ⁽⁷⁾ However, the true prevalence of IPV is unknown because many victims are afraid to disclose their personal experiences of violence⁽⁹⁾ In spite of the controversial impact of domestic violence screening for women; most of the major American medical organizations recommend routine violence screening of domestic violence against women as a part of standard patient care .⁽¹⁰⁾ primary health care workers have a responsibility to assess for this type of violence as a means of monitoring health status. Early identification of abuse has been a priority in efforts to improve the health care response to domestic violence against women.⁽¹¹⁾

LITERATURES REVIEW

1.1. The Impact of Husband Violence:

Not surprisingly, husband violence can have serious consequences for women's physical and mental health and negatively affect women's children, family, and friends. Husband violence has long-term negative health consequences for survivors, even after the abuse has ended.⁽¹²⁾ Compared to non-battered women, women who experience husband violence are more likely to suffer from poor physical and mental health status and poor quality of life⁽¹³⁾. According to a literature, review by Campbell (2002), injurious physical and mental health sequelae of Husband Violence (IPV) include injury or death, chronic pain, gastrointestinal and gynecological problems, depression, and post-traumatic stress disorder (PTSD). Many women also suffer rape and violence during pregnancy, causing harm to both mothers and children. Husband violence has numerous mental health consequences for women. These consequences include depression, anxiety, post-traumatic stress disorder (PTSD), substance abuse, and low self-esteem.⁽¹⁴⁾ On average, women who experience violence report more surgeries, doctor visits and hospital stays than those without a history of abuse.⁽¹⁵⁾ and health effects may persist long after the violence ends. The consequences for women's sexual and reproductive health may include unwanted pregnancy, which results either directly from forced sexual intercourse or indirectly because of the inability to use contraception or to negotiate condom use.^(16,17)

Alcohol and drug abuse are other mental health problems frequently seen in battered women.⁽¹⁸⁾ Prevalence estimates suggest that as

many as 80% of women seeking treatment for chemical dependency report lifetime histories of sexual and/or physical assault. ⁽¹⁹⁾ Substance dependent women who have been exposed to interpersonal trauma and violence represent a particularly risky subgroup experiencing poorer treatment outcomes. Clinicians routinely report poor treatment engagement and retention, higher frequency of relapse, and higher rates of treatment drop out. ⁽²⁰⁾ Drugs or alcohol can be a way to cope with the intrusion, avoidance, and hyper-arousal symptoms of PTSD. In a population-based study, substance use was both a risk factor for, and effect of, PTSD and all forms of violence, especially repeated violence. ⁽²¹⁾

1.2. Types of husband violence:

Husband violence refers to any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behavior includes:

- . Acts of physical violence – such as slapping, hitting, kicking and beating.
- . Psychological abuse – such as intimidation, constant belittling and humiliating.
- . Forced intercourse and other forms of sexual coercion.
- . Various controlling behaviors – such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance. ⁽²²⁾

1.3 Prevalence of husband violence:

Researchers have documented violence against women in all countries where it has been studied and among all social, economic, religious and cultural groups. In virtually all settings, women are most likely to experience violence by male intimate partners.⁽²³⁾

The global prevalence of physical and/or sexual husband violence among all ever-partnered women was 30.0% (95% confidence interval [CI] = 27.8% to 32.2%). The prevalence was highest in the WHO African, Eastern Mediterranean and South-East Asia Regions, where approximately 37% of ever-partnered women reported having experienced physical and/or sexual husband violence at some point in their lives.⁽¹⁾

Respondents in the Region of the Americas reported the next highest prevalence, with approximately 30% of women reporting lifetime exposure. Prevalence was lower in the high-income region (23%) and in the European and the Western Pacific Regions, where 25% of ever-partnered women reported lifetime husband violence experience.⁽¹⁾ What is striking is that the prevalence of exposure to violence is already high among young women aged 15–19 years, suggesting that violence commonly starts early in women's relationships. Prevalence then progressively rises to reach its peak in the age group of 40–44 years. The reported prevalence among women aged 50 years and older is lower, although the confidence intervals around these estimates are quite large, and a closer examination of the data reveals that data for the older age groups come primarily from high-income countries.

One in three women worldwide have experienced physical or sexual violence at least once in her lifetime- mostly by intimate partners. In some countries, the rate of violence against women is as high as 70%.⁽²⁴⁾

37% of Arab women have experienced some form of violence in their lifetime. There are indicators that the percentage might be higher.

In Egypt, the Egyptian Demographic and Health Survey of 1995, conducted among a national random sample of 14, 779 women, indicated that one out of three Egyptian women ever married has been beaten at least once since marriage and one third of those were abused during pregnancy.⁽²⁵⁾

In Palestine, two national surveys were undertaken in the West Bank and Gaza Strip, The results showed that up to 34% of women participating in the first survey and 37% of those participate reported having experienced one or more acts of physical violence at least once during the 12 months prior to the study.⁽²⁶⁾ The same author, in another study using a sample of 832 Arab adolescents from Israel, revealed that about 76% of the adolescents reported having witnessed their fathers abusing their mothers.⁽²⁶⁾ In Tunisia, a survey carried out among 500 women consulting a primary care unit in 1997 showed that 33.8% of them reported having been beaten by their husbands at least once.⁽²⁷⁾ In 1993, in the emergency unit of Ibn Rushd Hospital of Casablanca (Morocco), 1,506 cases of violence against women were registered, indicating a mean occurrence of 4 cases per day⁽²⁸⁾

Domestic violence remains a serious problem in Iraq. The Iraq Family Health Survey (IFHS) 2006/7 found that one in five Iraqi women are subject to physical domestic violence. ⁽²⁹⁾ A 2012 Ministry of Planning study found that at least 36 percent of married women reported experiencing some form of psychological abuse from their husbands, 23 percent to verbal abuse, 6 percent to physical violence, and 9 percent to sexual violence. ⁽³⁰⁾

1.4 Islam and domestic violence:

Allah almighty considered men the protectors and maintainers of women. ⁽³¹⁾, and ordered them to live with their wives on a footing of kindness and equity, and maintainers even if they disliked them. ⁽³²⁾

Prophet Mohammed (peace be upon him) emphasized that men are to be good to their wives, that is "the best man is the best to his family". ⁽³³⁾

In addition, prohibited men from slapping their wives 'faces belittling them or telling them despicable words. ⁽³⁴⁾

1.5 Causes and Risk factors:

Persons with certain risk factors are more likely to become perpetrators or victims of husband violence (IPV) Those risk factors contribute to IPV but might not be direct causes. Not everyone who is identified as "at risk" becomes involved in violence. ⁽³⁵⁾

A combination of individual, relational, community and societal factors contribute to the risk of becoming an IPV perpetrator or

victim. Understanding these multilevel factors can help identify various opportunities for prevention. ⁽³⁵⁾

i. Individual factors

Some of the most consistent factors associated with a man's increased likelihood of committing violence against his partner(s) are ^(15, 36)

1. young age;
2. low level of education;
3. childhood abuse
4. harmful use of alcohol and drugs;
5. personality disorders;
6. cultural factors ⁽³⁷⁾
7. History of abusing wives.

Factors consistently associated with a woman's increased likelihood of experiencing violence by her partner(s) across different settings include ^(15, 36, 38)

1. low level of education;
2. exposure to violence between parents;
3. sexual abuse during childhood;
4. acceptance of violence
5. Exposure to other forms of prior abuse.

ii. Relationship factors:

Factors associated with the risk of both victimizations of women and perpetration by male include: ^(15, 36)

1. conflict or dissatisfaction in the relationship;
2. male dominance in the family;
3. economic stress;
4. man having multiple partners ⁽³⁶⁾; and
5. disparity in educational attainment, i.e. where a woman has a higher level of education than her male partner ^(39,40)

iii. Community and societal factors:

The following factors have been found across studies ^(15, 36)

1. gender-inequitable social norms (especially those that link notions of manhood to dominance and aggression);
2. poverty;
3. low social and economic status of women;
4. weak legal sanctions against husband violence within marriage;
5. lack of women's civil rights, including restrictive or inequitable divorce and marriage laws;

1.6 Violence during pregnancy:

Pregnancy when coupled with domestic violence is a form of husband violence where health risks may be amplified. Abuse may be a long-standing problem in a relationship that continues after a woman becomes pregnant or it may commence in pregnancy. ⁽⁴¹⁾

Violence during pregnancy can cause many dangerous effects for both the mother and child. A violent pregnancy is considered high risk because verbal, emotional, and physical abuse all lead to adverse health consequences for both the mother and fetus.⁽⁴²⁾

Violence during pregnancy has been associated with miscarriage, late prenatal care, stillbirth, preterm birth and fetal injury (including bruising, broken and fractured bones, stab wounds and low birth weight).⁽⁴³⁻⁴⁴⁾

Violence during pregnancy also leads to additional risks for the mother such as increased mental health problems, suicide attempts, worsening of chronic illness, injury, substance abuse, anxiety, stress, chronic pain, and gynecological problems.⁽⁴⁵⁾

Women battered during pregnancy were more frequently and severely beaten throughout the course of their relationship compared to women who were not abused during pregnancy.⁽⁴⁶⁾

SUBJECTS AND METHODS

2.1. Study Design:

The study is a descriptive cross sectional study.

2.2. Study Setting:

The study has been conducted in four primary health care centers in Kerbala governorate, which are (Al_Askan health care center, Al_Abasia al garbya health care center, Al_Tahade health care center and Aon health care center)

2.3. Time of The Study:

The study was conducted during the period from 15th March 2018 to 15th June 2018. Data collection has been conducted during a period of four months. The data were collected two days per week where eight to ten women were interviewed each day from 15_20 minutes for six hours per day.

2.4 Ethical and Administrative Approval:

Ethical approval was obtained from Iraqi Ministry of health department and from Kerbala Health Directorate. A verbal consent was obtained from each client prior to interview, with short explanation of the objectives of study.

2.5. Sample Size:

The sample size was 320 women.

2.6. Study Sample:

The study sample included clients whose age was 15 to 65 years.

Carried out on a convenient sample of married women.

Only 80 women out of 400 were excluded from study because they refused participation in the study.

Inclusion Criteria:

- 1) Married women currently or previously.
- 2) Age between 15 to 65 years.
- 3) Women lived in Kerbala city.
- 4) Clients who agreed to participate in the study

Exclusion Criteria

- Individuals who had serious psychiatric diseases.
- mentally ill women.

2.7. Data Collection Tool (Questionnaire Form):

A structured questionnaire mostly derived from World Health Organization's domestic violence questionnaire through direct interview by the researcher translated into Arabic with some modification to suit Iraqi society .The modified questionnaires included information about the following variables:

- 1) Sociodemographic characteristics of women and husbands.
- 2) The income of family.
- 3) The number of children.
- 4) Frequency and types of husband violence.

The questionnaire form was submitted to pilot study before conducting the definitive study.

2.8. Pilot study:

A pilot study was conducted at the Al Abasia al Garbya health care center. The pilot study was done during two weeks prior to the definitive study and the sample was 20 women.

The main objectives of pilot study were:

- 1- To determine any difficulties, or related issues, that the researcher may face during data collection.

- 2- To find the acceptance, understanding and check the validity of the questionnaire including the suitability of the questionnaire form, language used and to look for the required modification.
- 3- To estimate the mean time needed for filling each questionnaire form for each patient.

The results obtained from the pilot study were:

- The mean time needed for conducting the interview with each patient was about 20 minutes.
- Women response rate was 100%.
- Number of women that can be taken was 8 women per day.

2.9. Methods of data collection and sampling:

For each patient, a separate questionnaire form has been filled in by the researcher through direct interview with the patient following brief information about the definition of husband violence and the aim of the study was explained for them. The researcher visited the primary health care centers in the early morning and convenient sample procedure was employed to select the study participants who fulfilled the criteria was taken. 320 women agreed to participate in the study. Only 50 patients refused to participate in the study (response rate 86.48%).

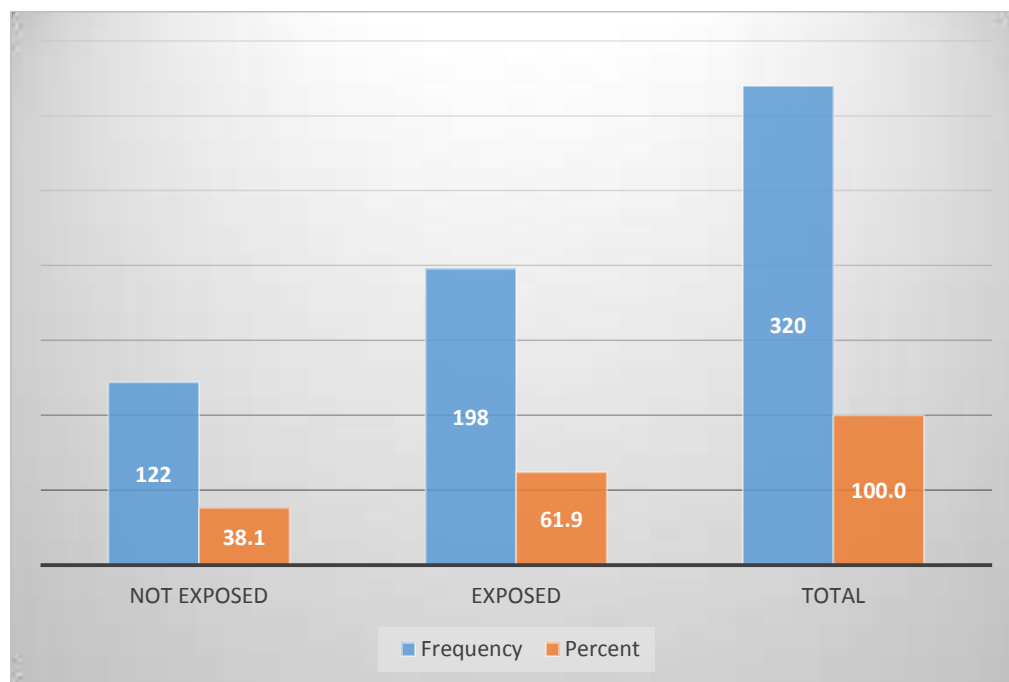
2.10. Statistical analysis:

Collected data was entered into a computer database and was analyzed using the Statistical Package for [Social Science](#) version [-22 software](#) (SPSS-22), and data was presented in figures, tables, frequencies, percentages and cross tabulation after data cleaning and validity checking to ensure correct data entering.

The t-test and ANOVA test were used to test the significance of difference between the different score and association with other

study variables. The association was considered to be statistically significant when the p-value was found to be < 0.05 .

RESULTS



The figure (3.1) the prevalence of husband violence among married women in Karbala city.

The mean age of the participants was 38.9 ± 11.1 year, and details of sociodemographic of study participant are shown in table (3.1).

Table (3.1): The distribution of demographic characteristics of women in Kerbala city by history of exposure to violence (n=320)

Variable	Group	Exposed to violence		Not exposed to violence		Total		Significance
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
Age	Below 20 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	0.276
	rural	65	32.8	34	27.9	98	30.6	
Occupation	student	9	4.5	3	2.5	12	3.8	0.797
	housewife	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	
Addresses	Urban	154	77.8	87	71.3	241	75.3	0.123
	rural	44	22.2	34	27.9	78	24.4	
Educational level	Illiterate	34	17.2	12	9.8	46	14.4	0.113
	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	
	Enough	89	44.9	52	42.6	141	44.1	
	Not enough	40	20.2	12	9.8	52	16.3	
Total			133	67.2	87	71.3	100.0	

Comparison between abused and non-abused married women in relation to sociodemographic characteristics as shown in table(3.1).the study found that the husband violence high among (30_39) year age group(34%).

There were 20 divorced women all exposed to husband violence (10.1%).

In relation to husband violence and occupation. The housewives showed high prevalence of violence (63.6), government employed (25.8), work in private sector (6.1) and students (4.5).

In relation to level of education. The study showed that the husband violence was highly prevalent among women who were completed college or higher (32.8).

There were statistically significant association between enough income and husband violence (p value=0.005).

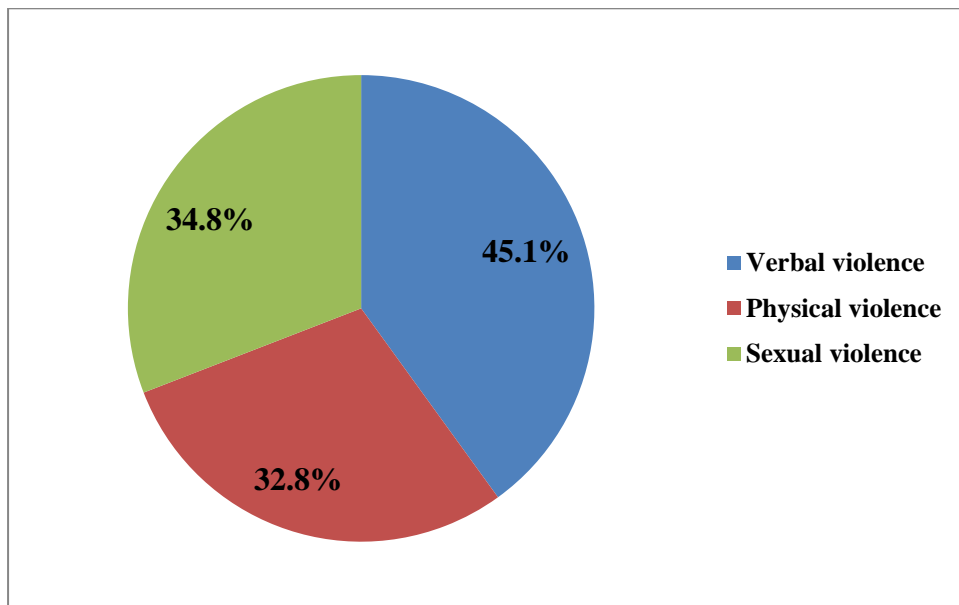


Figure (3.2): The distribution of type of violence among married women in Kerbala city in 2018 (N=320)

Figure (3.2) shows distribution of women according to specified type of husband violence.

The total number of married women that exposed to verbal violence was (88).the most frequent type of husband violence was the verbal violence.

Table (3.2): Distribution of verbal abused married women according to different practices of verbal violence.

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)

Table (3.3): Distribution of physical abused married women according to the different physical acts.

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)
Draws 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 me with matches	165 (51.6)	6 (1.9)	9 (2.8)	5 (1.6)	13 (4.1)
Slaps me on the face	109 (34.1)	10 (3.1)	24 (7.5)	22 (6.9)	33 (10.3)

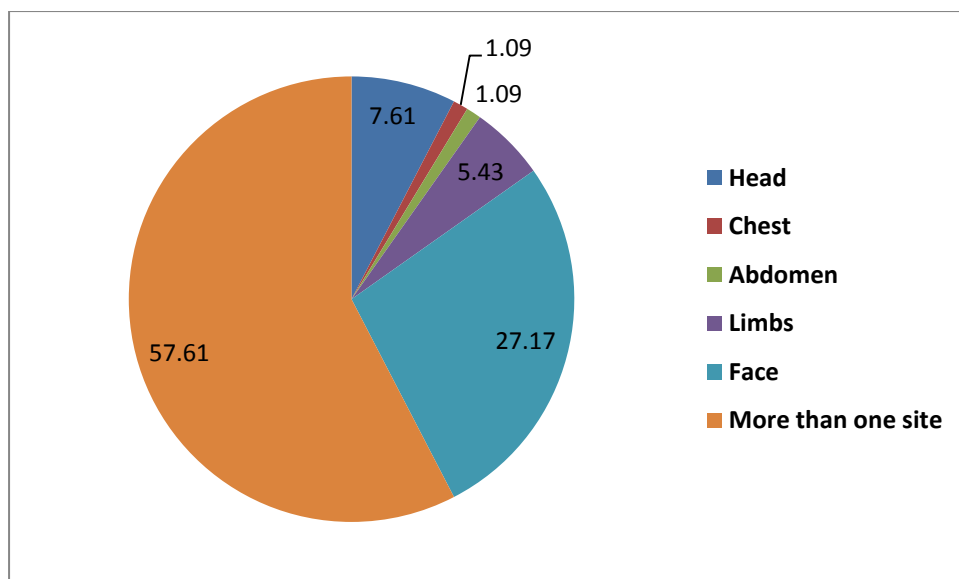


Figure (3.3): Distribution of physical abused married women according to most common site that involve the physical violence.

The perpetrator involved multiple sites of bodies of physical abused victims (57.6%) of cases, as shown in figure (3.3).

Table (3.4): Distribution of sexual abused married women according to most sexual acts.

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 is 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 respond to his sexual demands	144 (45)	14 (4.4)	16 (5)	3 (0.9)	21 (6.6)
Doesn't understand conditions that prevent sex	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)

Of 69 women exposed to sexual violence, 15.4% of them feel humiliated for husband sexual abuse as shown in table (3.4).

Table (3.5): Distribution of married women according to most common times of violence exposure.

Frequency	Number	%
daily	51	15.9
weekly	14	4.4
monthly	7	2.2
Not regular times	125	39.1
Total	122	100

Most abused married women faced violence in not regular times (39.1%), while (15.9%) subjected to violence daily as shown in table (3.5).

Table(3.6): The relation between smoking, addiction status and alcohol status of husband and husband violence.

Variables		Frequency	Percent	Significance
History of smoking	Non-smoker	56	28.3	0.001
	smoker	114	57.6	
	Passive smoker	7	3.5	
	X 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 current study showed strong statistically significant association between smoking, alcohol, substance abused and husband violence (p value=0.000) as shown in table (3.6).

Table (3.7): The distribution of pregnant women in the sample according to the exposure to husband violence.

pregnant women		Frequency	Percent
no.110	exposed	37	34.4
	not exposed	73	65.6
	Total	110	100

The study found that 34.4% of 110 pregnant women were exposed to husband violence as shown in table (3.7).

Table (3.8): The distribution of client's agreement to use PHC centers to detect husband violence.

Agreement to use PHC centers to detect husband violence			
		Frequency	Percent
	very agree	115	35.9
	agree	90	28.1
	not agree	18	5.6
	very not agree	3	.9
	Total	226	70.6

DISCUSSION

The current study found that the husband violence (HV) is highly lifetime prevalent in Karbala city (61.9%) as shown in figure (3.1). This prevalence is similar to a field Study in Mosul City (58.4%)⁽⁴⁸⁾, also similar to those reported in a hospital-based study in Baghdad city (57.6 %)⁽⁴⁹⁾ , also similar to those in a study in Erbil city (58.6%)⁽⁵⁰⁾ and health care centers in Madina, Saudi Arabia (57.8%)⁽⁵¹⁾, Sivas, Turkey (52%)⁽⁵²⁾, Eastern India (56%)⁽⁵³⁾ and Jahrom, Iran (64.7%)⁽⁵⁴⁾.

This prevalence is considerably higher than the rates reported among women attending general practice in some other countries and cities such as Japan (14.3%)⁽⁵⁵⁾, Norway (26.8%)⁽⁵⁶⁾, China (43%)⁽⁵⁷⁾ Esfahan, Iran (36.8%)⁽⁵⁸⁾ Ireland (39%)⁽⁵⁹⁾. the wide discrepancies in prevalence of violence may be due to different definitions for violence in every society, the method of screening, religious beliefs and cultural issues.⁽³⁹⁾

The prevalence of husband violence in this study reflects wives being ill-treated by husbands, whereas most similar research in the WHO multi-country study and other countries reflect acts of abuse by “intimate partners”, which includes the spouse, ex-spouse, current/former boyfriends or current/former dating partner⁽⁵⁰⁾

In comparison between abused women and non-abused women to know the role of sociodemographic characteristics , the current study reported that husband violence is high in women age range(30-39 year)(34%).Although the relation is not statistically significant. The percentage of violence among women was increasing with the

advancement in age groups until age range(40-49 year) where it start to decrease and further decrease at age 50 and more.

These results were similar to a study done in Erbil city ⁽⁵⁰⁾. Egypt reported that younger women are more likely (21%) to experience husband violence compared to the older women (5%) ⁽⁶⁰⁾

A similar outcome was observed in Zambia with younger women reporting 35% and older women reporting 15.8 %.⁽⁶¹⁾

However, Cambodia reported that older women were more likely to experience IPV at 18% compared to younger women at 4.0% ⁽⁶²⁾.

Regarding the relation of husband violence and marital status, the current study indicate that the rate of husband violence is very high among married women and the relation was statistically significant. (P value less than 0.05%)

The studies done in Turkey ⁽⁵²⁾ Native Americans ⁽⁶³⁾ and Egypt ⁽²⁵⁾ reported higher rate of violence among married women which was similar to this study

Regarding the relation of birthplace of women to exposure to violence, the violence against women living in urban area was more than women living in rural area (67.2%) although it was not statistically significant.

These results was similar to another study done in Iraq which show that percentage of marital violence was more in urban than rural settings ⁽⁶⁴⁾

This was in contrast to other studies which shows that violence was more in rural settings ⁽⁶⁵⁾

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 in line with results of other studies ^(66, 67) indicate lack of equal access for employment, housing and resources can trap the women in abusive situation. ⁽⁶⁶⁾

Regarding the relation of husband violence to the level of education for the women ,the study found increasing level of violence with higher education , It is plausible that increasing women's knowledge about domestic violence could lead to aggressive behavior against their husbands and therefore causing an increase in husband violence and most participants and their partners had high educational level⁽⁶⁸⁾.many scholars have suggested that women's education is protective against it ^(69,70,71,72,73)

Another study found positive association between educational level and husband ⁽⁶⁸⁾

Regarding the relation of income to husband violence, the study found significant association (p value less than 0.05) in which “more than enough income” associated with less violence than just “enough income”^(63,74).

The prevalence of lifetime emotional, physical and sexual IPV was high in this study (45.1%, 32.8%, and 34.8% respectively).

Verbal violence:

The verbal violence is the most common type of violence in this study and this result came in concordance with other studies carried out in other countries.

This rate is nearly similar to those reported in Jahrom, Iran (53.5%)⁽⁵⁴⁾, Esfahan, Iran (44.8%)⁽⁵⁸⁾, Sivas, Turkey (53.8%)⁽⁵²⁾, and in Eastern India (52%)⁽⁵³⁾. However, it is higher than the rate reported in Madina, Saudi Arabia (32.8%)⁽⁷⁵⁾

Much higher rates of verbal violence were reported in Jordan (73.4%)⁽⁷⁶⁾ and Karachi, Pakistan (97.5%)⁽⁷⁷⁾

These differences in prevalence of each type of violence are expected given that the estimates tend to increase in response to broader definitions of the type of violence. Another reason is that the cultural background of male dominated societies further raises the prevalence of violence against women.

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.⁽⁷⁸⁾

This means it is a common thing for most men to speak rudely to their wives in daily lives.

Physical violence:

The prevalence of lifetime physical violence in this study (32.8%) is within the range of prevalence in some areas investigated in the WHO multi-country study across different cultures and socio-economic settings (30%-40%) such as Namibia, Bangladesh, New Zealand, Thailand, Tanzania, Brazil, and Australia^(39,79). It is slightly lower than those reported among women attending general health practice in Ireland 39%⁽⁵⁹⁾, Sanandaj city, Iran 38% and in Sivas⁽⁸⁰⁾, Turkey 38.3%⁽⁵²⁾

However, it is similar to the rates reported among a sample of reproductive health clinic attendees in Jordan (31.2%)⁽⁷⁶⁾, at a national community based study in Egypt (34%)⁽²⁵⁾ also among a sample of pregnant women in Jahrom, Iran (34.7%)⁽⁵⁴⁾ and in Esfahan, Iran (31.9%)⁽⁵⁸⁾.

Much higher rates of lifetime physical violence by partners were reported in rural Bangladesh (67%)⁽⁸¹⁾ In low socioeconomic communities in Karachi, Pakistan (80%)⁽⁷⁷⁾ and Ethiopia (49%)⁽⁷⁹⁾

However, much lower figures were reported in Eastern India (16%)⁽⁵³⁾, Cambodia (18%) and Vietnam (25%)⁽⁷⁹⁾.

In this study ,the perpetrator used multiple practices of physical violence and the most prevalent form was beating which lead to injuries and the main affected part of the body was the face , A study available on MEDLINE indicated that 85 percent of husbandviolence victims were found to have injuries on more than one area of the body⁽⁸²⁾. The most common sites for injury were the eye, the side of the face, the throat and neck.⁽⁸²⁾

Sexual violence:

The prevalence of lifetime sexual IPV (34.8%) is higher than in Baghdad 14.6 %⁽⁸³⁾, but it is within the range of WHO multi-country study, where most areas fall between 10% and 50 %.⁽³⁹⁾

Such similarity to the WHO multi-country study sustains the results of this study as it is based on the same questionnaire and definitions of sexual violence.

Lower rates were reported in China (12%)⁽⁵⁷⁾, Samoa (11.2%) and Tanzania (12.8%)⁽³⁹⁾. Higher rates were reported in Bangladesh (20.2% and 17.1%), Thailand (15.6%) and Tanzania 18.3 %⁽³⁹⁾.

Higher rates were reported in Ethiopia (44.4%)⁽³⁹⁾ and Babol of Iran (42.2%).⁽⁸⁴⁾

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.

The percentage of husband violence against women during pregnancy was (34.4%) exposed to different types of violence (110 out of 320). Research clearly shows that pregnancy does not prevent the occurrence of husband violence, but conflicting evidence exists about whether husband violence increases or decreases during pregnancy⁽⁸⁴⁾.

Clinical studies around the world, which tend to yield higher prevalence rates but often are the only sources of information available, found the highest prevalence in Egypt with 32%, followed by India (28%), Saudi Arabia (21%) and Mexico (11%)⁽⁶⁹⁾.

Regarding the relation of smoking to husband violence, the study showed that the husband violence was higher among the smoker perpetrator in comparison with nonsmokers and ex-smokers and the relationship was statistically significant.

Although another study in Iraq found that an analysis of smoking showed no significant role in this problem.⁽⁸⁵⁾ while other studies showed statistically significant association between smoking in the perpetrator and husband violence.⁽⁸⁶⁾

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 levels¹ is a major contributor to the occurrence of husband violence and links between the two are manifold⁽²²⁾. Evidence suggests that alcohol use increases the occurrence and severity of domestic violence^(87, 88, and 89)

Regarding the relation of husband violence to husband addiction status, the study found that the relation was statistically significant.

Systematic review of research conducted from several different perspectives has also documented a relationship between the use of illicit drugs and husband violence.^(90,91)

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.^(92,93,94)

Family physicians and other primary care practitioners are

encouraged or expected to screen for an expanding array of concerns and problems including husband violence.⁽⁹⁵⁾

Cross –section study was done in primary care area of Madrid showed that the primary care is the ideal place for detection of domestic violence due to its easy accessibility and continued assistance.⁽⁹⁶⁾

Limitation of the study

This study has a number of limitations. The findings cannot be inferred to all women in Iraqi Karbala region as the study included primary health care centers (4 centers) convenience sample of participants from Karbala city .The study is subjected to selection bias due to the different inclusion and exclusion criteria. For example, the women whom husbands accompanied them were excluded from the study to allow women feel free to talk about such sensitive issue. These women might be significantly different and possibly, under more controlling behavior than those whose husbands did not accompany them.

CONCLUSIONS AND RECOMMENDATIONS**5.1. Conclusions:**

- 1- Husband violence is a major public health problem among women in Karbala city and verbal violence was the most common type.
- 2- There is strong association between husband violence and sociodemographic characteristics (married women, higher education, and enough income).
- 3- The majority of women were strongly agreed to use of PHC centers to detect husband violence.
- 4- The body part more exposed to violence was the face.
- 5- The majority of women exposed to violence were married to smoker husbands.
- 6- In the majority of women who were exposed to violence, their husbands were not alcoholic or addict to drugs or substances.
- 7- The major proportion of women exposed to violence were pregnant.

5.2. Recommendations:

- 1- Awareness of community about impact of husband violence.
- 2- Ensure the rights of women.
- 3- Increase education of husband violence in antenatal care.
- 4- Development of educational curricula of violence against women.
- 5-Referral for psychological assistance and organizations working with abused women may be needed.
- 6-Counseling can strengthen the survivor's sense of self-worth and feeling of continuous support and assistance.

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Questionnaire

Questionnaires distributed to participants in the study.

Dear sister ... Peace be upon you We aim to conduct a scientific research on the subject of marital violence against women to highlight the part of the suffering of women in society Help us to put a true mark in front of the paragraph that suits your situation with sincere thanks and appreciation.

Note that this form does not contain the name of the participation in order to preserve the confidentiality of the information contained therein and will be used for the purpose of scientific research.

1 - Age: Year

2 – Birth place: Urban Rural

3 - Occupation: Student Housewife

Employment working in a private sector

4 - Address: Urban Rural

5-Educational level: Illiterate reads and writes

Primary school Secondary school College or higher

6 – Marital age:

7-The duration of marriage is year

8. Social status:

A: Marital status: Married Divorced widow

B: Number of children:

c: Sex of children: Male Female

d: The income: Good Enough Not enough

H: Housing: Single with husbands family with
wives family with other family members

X: Number of family members

D: The number of residents

E: Is the house: the king rent exceeded

The number of rooms in the house

9 -Do you expose to violence by the husband: Yes

no

Information about the husband:

1-Age: (years

2-Educational level: Illiterate reads and writes

Primary school secondary school College or higher

3-Occupation: Student employee pensioner
 Retired unemployed military farmer

4-Number of hours spent at work outside the home

5-Smoking status: Non-Smoker Smoker Second
hand smoker previous smoker

6-Alcohol status: Always Sometimes Never
 In the past

7-Substance abuse status: Always Sometimes Never
 In the past

Past husband family history of violence: Yes No

Past wife family history of violence: Yes No

If you have been subjected to violence of various kinds "What is your reaction to this behavior?

Go to the family Go to court satisfied and acceptance others

The reason for the reaction to violence: keeping the family fear of facing other reasons

Do you support associations that play a role in the face of violence against women?

I strongly agree Agree, I do not agree strongly not agree

Do you support the use of primary health care centers to detect and treat cases of domestic violence?

I strongly agree Agree I do not agree strongly not agree

Do you support the use of police stations to reduce the phenomenon of violence?

I strongly agree Agree I do not agree strongly not agree

What kind of violence did you experience: (You can choose more than one): Physical Verbal Sexual

Frequency of violence: Daily Weekly Monthly Irregular time

Body part more expose to violence: (You can choose more than one): Head Neck Chest Abdomen Limbs Face

Do you visit medical center after exposed to violence:
 Yes No

Do you exposed to violence while you are pregnant: Yes
 No

Variable	Always(4)	Frequently(3)	Sometime(2)	Seldom (1)	Never(0)
Using of devalued words					
Threatens to marry another woman					
Threatens me to be expelled from the house					
He embarrasses me before others					
He humiliates me before others					
It prevents me from visiting my family and relatives					
He threatened to beat me					

He treats me like a servant or a neighbor					
He makes my embarrassment in front of others					
My face screams					
Complains about the method of staining and housekeeping					
He mocks his way of speaking when I speak					
Threatens me to divorce					
He mocks his optional way of dressing					
Weakening my own confidence					
My idleness tries for people					
Accuse me builder is not qualified to perform my marital duties					
Deprives me of financial rights (personal					

expense)					
Leaving me without money to meet the needs of the house					
Resorting to some methods to push me to sell my valuables					
I am forced to ask for money from my family					
Trying to blackmail me					
It deprives me of my daily necessities					
He feels a sense of humor for his sexual behavior					
Asking for sexual practice at times does not suit me					
I hate myself whenever I respond to his sexual demands					
It does not understand the conditions that prevent sex					

I do not care about my sexual safety					
He hits me with a sharp object					
He draws me from my hair					
Smashing home furniture					
It suffocates me					
Burns me with matches (cigarettes)					
Slaps me on the face					

الخلاصة

مقدمة:

يمثل العنف ضد المرأة مشكلة عالمية وانتهاكا خطيرا لحقوق الإنسان و يحدث بين جميع الفئات الاجتماعية والثقافية والاقتصادية والدينية. هناك ندرة في الأبحاث حول العنف ضد المرأة في العراق ، وخاصة في مدينة كربلاء. قيمت هذه الدراسة مدى انتشار العنف العاطفي والجسدي والجنسي ضد النساء في كربلاء.

أهداف البحث:

1. تحديد مدى انتشار عنف الزوج بين الإناث اللائي يلتحقن بمركز الرعاية الصحية الأولية في مدينة كربلاء
2. التعرف على العلاقة بين عنف الزوج والسمة الاجتماعية والديموغرافية للأسرة.
3. التعرف على نوع العنف.

طريقة الدراسة:

نساء (تتراوح أعمارهن بين 15 و 65 سنة) يحضرن مركز الرعاية الصحية الأولية في مدينة كربلاء المشمولة في الدراسة. أجريت الدراسة في الفترة ما بين 1 يناير 2018 و 30 يونيو 2018 في أربعة مراكز للرعاية الصحية الأولية. شوهدت كل امرأة مرة واحدة فقط. تم تقييم عنف الزوج من خلال إدارة نسخة معدلة من استبيان العنف المنزلي لمنظمة الصحة العالمية من خلال مقابلة مباشرة مع الباحثة. تم تقييم مدى انتشار عنف الزوج من خلال التوقيت والتكرار والنوع (العنف العاطفي والجسدي والجنسي). أجري التحليل الإحصائي الوصفي مع حساب الترددات والنسب المئوية للنساء اللائي أبلغن عن أنواع وشدة وتأثير عنف الزوج.

نتائج الدراسة:

تم شمول 320 مراجعة من النساء المتزوجات حيث بينت الدراسة الحالية ان معدل انتشار العنف الزوجي في مدينة كربلاء هو (61.9%) وان معدل انتشاره بين الحوامل بلغ (34.4%). كما أثبتت الدراسة أن العنف اللفظي هو أكثر أنواع العنف انتشارا(45.1) يليه العنف الجنسي ومن ثم العنف الجسماني.

كما بينت الدراسة وجود علاقة وثيقة بين تناول الكحول عند المعنفين والعنف الزوجي.

وان النساء في مدينة كربلاء تشجع استخدام المراكز الصحية للكشف عن العنف الزوجي بنسبة (64%).

الاستنتاجات:

ان العنف الزوجي يشكل مشكلة خطيرة في مدينة كربلاء المقدسة وينتشر بشكل كبير بين الحوامل في تلك المدينة.

وجدت الدراسة ازدياد معدلات العنف ضد النساء في حالة تناول الكحول من قبل المعنف.



العنف الزوجي تجاه النساء المتزوجات المراجعات للمراكز
الرعاية الصحية الاولية في محافظة كربلاء_ 2018

رسالة مقدمة الى مجلس كلية الطب_ جامعة كربلاء كجزء من متطلبات
نيل شهادة الدبلوم العالي في طب الأسرة
من قبل الدكتورة
نبأ حيدر جواد
بكالوريوس طب وجراحة عامة
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