

The Amount of Domestic Violence in Kermanshahi (A Provincial Center in West Iran) Women Given Birth in 2011-2012

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Abstract: *Purpose:* Violence in pregnancy period directly or indirectly affects the consequences of pregnancy. The researchers have conducted this study with the purpose of determining the domestic violence amount in women given birth in Kermanshah city of Iran. *Methods:* This study conducted by cross-sectional method on 404 women given birth who were hospitalized in educational hospitals of Kermanshah city in 2011-2012. The tools of data collection was an 81-item questionnaire with alpha Cronbach's content validity and stability of 80% for the study of domestic violence and a 27-item questionnaire for the examination of personal information. To analyze the data, descriptive and inferential statistics were used. Results revealed that in 78.5% (305 individuals) of the samples aged 20 to 35. 40.8% (161 individuals) were reported to have natural delivery and 59.2 (234 ones) used Caesarian operation and in 26% (101 persons) we had unwanted pregnancy. The overall amount of violence among the individuals was 47.6 percent. The amount of emotional violence represented 87.3% (352 individuals), physical violence indicated 52.1% (210 individuals) and sexual violence composed 52.4% (211 cases) of all the instances. In *Conclusions:* The causes of violence are so diverse that prevention seems much difficult. According to the importance of controlling and decreasing this critical social problem, the cooperation of all health workers especially the employees of health centers seems essential to be able to reduce domestic violence in pregnancy times, to promptly diagnose predisposing factors and eliminate those and to refer them to counseling centers.

Key words: Domestic Violence • Labored Women • Pregnancy • Kermanshah • Iran

INTRODUCTION

Domestic violence includes the all three types of physical, sexual and emotional which are exerted onto individuals within their family relationships [1]. Based on various ideas and viewpoints of scholars, physical violence includes any bodily harm such as pushing, beating by hand or with a device such as a belt,

whip and any act which leads into fracture or burn. Sexual violence includes any act out of norm or custom in establishing sexual relationship. Emotional violence includes intimidation, excuse-making and blackguard, threats, deprivation and making restriction and suspicions and not meeting the economic needs of women, seizing the income of woman and any other disruptive behavior [2].

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Spouse abuse, in addition to physical and emotional bad effects causes the decrease of social performance, increase of the need to health cares, referring to emergency medical care centers and hospitalization of women [3-5].

Pregnancy could affect the prevalence of domestic violence by various reasons such as decreasing sexual relationships, wrong conceptions about pregnancy and unnatural emotions of the spouse regarding pregnancy and these all could lead into its appearance, amplification or reduction [1]. Pregnancy singly imposes great bodily and emotional pressures on the individual and its companion with other stressors such as violence causes abuse effects on mother and embryo [6]. Complications such as infants with low birth weight, early pregnancy and abortion [3] and bodily complaints like headaches, stomach problems, chronic pain, vaginal bleeding, irritable bowel syndrome, gynecological symptoms and sexually transmitted diseases are more common in women being victims of violence [7, 8]. As violence against women seriously affects the achievement of other goals of development and health programs, it's essential to prevent from this misbehavior by identifying causes and encoding preventive and protective programs or to avoid from affecting pregnancy and embryo [3].

Kermanshah is the center of a province with the same name in the west of Iran. Considering the influence of various factors such as regional culture and race on the risk factors of domestic violence and the acknowledgement of this point that early diagnosis of domestic violence and having interference to prevent it could have significant clinical applications for the improvement of public health, the researchers conducted this research to determine the prevalence of different kinds of domestic violence, i.e. emotional, physical and sexual and the factors influential on their occurrence.

MATERIALS AND METHODS

This study was performed as cross-sectional on the women given birth, who were hospitalized at the hospitals associated with Kermanshah University of Medical Sciences, Iran. The studied population was women hospitalized at educational hospitals of Kermanshah city in Mar-Sep 2011, who given birth. The conditions of entry into this study included being Iranian and Kermanshahi, absence of any emotional stress (such as the death of first-order relatives) within the past year, having no addiction, social behaviors, consent of participation into the study and having a minimum literacy level at fifth grade.

The data collection method was interview ad research tool included a dual-part questionnaire. The first part related to demographic characteristics and the second one to the domestic violence questionnaire (physical, emotional, sexual). The questionnaire was encoded after examining different texts and its content validity was approved by 12 faculty members of Kermanshah University of Medical Sciences. To determine the internal stability, alpha-Cronbach's coefficient was of use which by a pre-test an alpha-Cronbach's coefficient of 80% was found. By interviewing with 404 pregnant mothers, needed data was gathered and reviewed. Descriptive statistics were applied to summarize the demographic information. In order to identify the relationship between the demographic variables and exposure to domestic violence, X² and Fisher's exact test were used.

RESULTS

Most of the studied cases (31.4%) aged in the range of 20 to 25 years old. 34.1% of the cases had an education of 9th grade, 92.6% were housewives. 36% had spouses with a literacy level of 9th grade and 78.7% had husbands being employed. 55.5% of the cases had no family relationship to their husband. Amongst the other statistics include: caesarian delivery (58.1%), live babies (96.5%), resident in urban regions (72.2%) ad 55.8% of the cases had on average spent 6 years of their common life together.

The frequency of domestic violence in women given birth was 47.6%. The frequencies of various types of domestic violence were determined as 87.3% for emotional violence, 52.1% for physical violence and 52.4% for sexual one (Table 1).

41.1% of women located in age group of 25-30 didn't admit any violence, while 47.5% of women aged 15-20, 53.2% of women aged 20-25, 50.7% of women aged 25-30 and 52.2% of women aged more than 35 years old admitted domestic violence. Amongst the women who experienced caesarian operation, 47.8% were under domestic violence. 7.7% of the women who were under moderate and severe violence delivered dead baby, while just 2.6% of those delivered live babies were under any moderate or severe violence. Amongst the women being resident in rural areas, 48.1% experienced domestic violence while 47.1% of women giving birth and living in cities were under domestic violence. The most amount of moderate and severe domestic violence was observed among women given birth who had a literacy level of fifth grade (4.1%) and least one was seen in women with higher education (0%). The most amount of domestic violence

Table 1: Frequency of various types of domestic violence in women given birth at educational hospitals of Kermanshah city in 2011

		Domestic Type					
		Emotional		Physical		Sexual	
		N	%	N	%	N	%
Domestic Intensity	Never	51	12.7	193	47.9	192	47.6
	Mild	322	79.9	187	46.4	178	44.2
	Moderate	24	6	18	4.5	24	6
	Severe	6	1.4	5	1.2	9	2.2
Total		403	100	403	100	403	100

was observed in women who had husbands with a literacy at the level of elementary school (65.2%) while the least one appeared to be for women having a husband with a university degree. We have found a statistically significant relationship between domestic violence and employment status of the studied cases ($P < 0.03$), that's housewives (48%) were more under violence than those employed (36%).

The relationship between domestic violence and employment status of husband is significant ($P < 0.026$): 49.4% of the women who had unemployed husband, had experienced violence. In other words 7.2% of the women having unemployed husband were under moderate to severe domestic violence while just 1.6% of the women having employed husband were under moderate to severe domestic violence.

There was a significant association between domestic violence and the job type of the husband of the cases ($P < 0.003$): 10.7% of the women having unemployed husband had experienced moderate to severe domestic violence while this was seen to be just 2.1% in the group of the women having husbands being employed at a government agency and 1.4% in the women having husbands with non-governmental jobs.

49.8% of those women being under violence had no family relationship with their husband while 45.4% of the women being under violence had a family relationship with their spouse. Among those having baby boy, 53.5% admitted the presence of domestic violence while it was 42.6% for those having baby girl. 75% of the women having more than 4 children admitted the violence while this was 38.3% among the women having 3 children. 3.3% of the women having independent life had experienced moderate to severe domestic violence while 1.1% of those living with the parents of their husband had such an experience. A significant association between domestic violence and husband's addiction was found ($P < 0.002$). 52% of the studied cases with addicted husbands were under violence while this was 47.9% for the women without an addicted husband.

There was also a significant relationship between pregnancy status and domestic violence ($P < 0.026$): 4.9% of the women being under moderate to severe violence had unwanted pregnancy while 1.8% of those had wanted pregnancy.

DISCUSSION

The overall rate of violence in women given birth was obtained as 47.6%, while Johri *et al.* have found it to be 18% in Guatemala [9] and Crempien *et al.* have found it as 5.9% in Chile which the most subtype was emotional violence with a rate of 30.1% [10]. Zhang *et al.* have reported the prevalence of domestic violence as 11.3% in China which the most frequent subtype was emotional violence [11]. According to the study of Koski *et al.* in Indian villages, 22.82% of the pregnant women were under domestic violence during their pregnancy [12]. In the study of Afifi *et al.* in Saudi Arabia, the rate of domestic violence was reported as 39.3% [13]. Also Mohammadi *et al.* in studying the violence exerted by spouses in Tehran city have found a rate of 42.6% [14]. In another study BalaliMeybodi reached a rate of 46% for women experiencing different types of violence in Kerman city [2]. The spread of various kinds of spouse abuse was reported to be 60.5% in Sanandaj city by Khosravi [1]. And Salehi found the rate of spouse abuse as 67.5% in Shahr-e-Kord [15].

In this study the rate of emotional, physical and sexual violence against women were obtained as 83.7%, 52.2% and 52.6% respectively, although separating different types of violence is difficult as various types occur simultaneously. As an instance, physical and sexual violence lead into emotional harm. In this regard, training communication skills, dispute resolution skill, problem solving and anger management to married and single men and women could be beneficial in controlling violence [16]. Khosravi *et al.* reported the rates of emotional, physical and sexual violence as 57%, 8.5% and 18.8% respectively [1]. Bagherzadeh *et al.* reported these rates

as 47.5%, 22% and 22.3% respectively [2]. Meybodi *et al.* reported a rate of 55.6% for bodily violence, 28.6% for sexual violence and 78.6% for the emotional one. Salehi's report indicates 34.5% for the bodily type, 51.7% for the emotional type and 13.8% of spouse abuse [15]. However there have been different figures and statistics for spouse abuse being reported which this diversity of the violence rates not only depends on the different conditions of communities but also on different research methodologies, sampling techniques and cultural differences in the willingness of respondents in disclosing their experiences [1].

In this study, one of the variables related to violence was the addiction of men. Of course this finding is not unexpected when considering the nature of addiction which has destructive impact on behavioral, economical, emotional and moral aspects of individual.

The relationship between unemployment and domestic violence could be attributed to economic instability and emotional pressures caused by it. Researches have shown that when husband could not have enough income, he would commit violence to not miss his prestige [1, 18]. The results of many studies showed that the risk of violence against women decreases by the increase of age [2, 16, 18]. This is so while we have found the least domestic violence frequency in the age range of 25-30 and we see an increase in ages below 25 or higher than 30 years old. In this investigation we had a significant relationship between wanted pregnancy and domestic violence, i.e. less of those women who intentionally became pregnant were under violence, while 48.8% of the women being under domestic violence had intentional pregnancy which its reason could be the hope for coping with marriage concerns by child birth. On the opposite, 44.7% of the women who had unwanted pregnancy were under domestic violence which indicates their need to the receipt of care and health services and proper training for family planning.

It seems that violence against women is an important social challenge. Pregnancy and delivery alone impose great physical and emotional pressures on mothers and therefore these being accompanied by other stressors such as violence could have serious negative impacts on mother and embryo. Thus just to recommend some influential actions for the reduction of violence, the current study could point to pre-wedding training of spouses about the culture of marriage and respecting the other's rights, adopting and

implementing laws which protect women, establishment and reinforcement of counselling centers, identification and referral of those having psychiatric disorders to these centers, improving economic and social situation of society and reducing sexual discriminations.

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