



Article

Assessment of Domestic Violence Against Women in Al Najaf Province

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Abstract: Violence against pregnant women is a significant public health issue globally, yet specific data on its prevalence and risk factors in Iraq is limited. This study aimed to assess the types and prevalence of violence against pregnant women in Al Najaf province and explore its relationship with demographic variables. A descriptive study was conducted involving 200 pregnant women at Maternal & Neonatal Teaching Hospitals, utilizing questionnaires and self-report techniques. Results indicated that a majority experienced mild emotional, physical, and sexual violence, with significant correlations found between violence and factors such as women's age, educational level, residency, monthly income, number of pregnancies, drug use during pregnancy, exposure to violence, and characteristics of their partners. These findings highlight the urgent need for comprehensive interventions, including stricter laws against domestic violence and public education on its dangers, particularly for pregnant women.

Keywords: Violence, Pregnant Women, Public Health, Risk Factors, Iraq

1. Introduction

Violence against pregnant women is a global public health issue [1,2] that has strong impacts on their mental, physical, sexual, and reproductive health [3]. Women can experience violence at many points in their lives, including during pregnancy, which can have negative results on both maternal and fetal health [4]. Intimate partner violence (IPV) refers to any actions within an intimate relationship that causes physical, sexual, or psychological harm, regardless of whether it occurs in private or public settings. Such actions encompass physical aggression, sexual coercion, and psychological abuse [5].

Evidence indicates that pregnancy does not stop violence from occurring; however, the nature of that violence may change during pregnancy [6]. The prevalence of intimate partner violence (IPV) during pregnancy might be higher than other commonly diagnosed conditions in prenatal care services, such as preeclampsia (2-8%) or gestational diabetes (1-5%) [7]. The prevalence of violence during pregnancy ranges between 3.4% to 11.0% in industrialized countries outside North America and from 3.8% to 31.7% in developing countries [8]. In Iraq, domestic violence has increased significantly since the 2003 invasion [9].

Approximately 1.32 million people are estimated to be at risk of various forms of gender-based violence, with over 75% of them are women and adolescent girls. Additionally, 77% of these incidents are associated with domestic violence. According to the recently released WHO global report on violence against women, the prevalence of

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26% lifetime intimate partner violence among married women aged between 15–49 years in Iraq (WHO, 2022). Understanding the prevalence of violence and its risk factors is important for developing and implementing interventions aimed at reducing the incidence of intimate partner violence and addressing its consequences [10].

Aims of study

The Aim of study is to Assess the presence of Violence and its type against women in in Al Najaf province and the relationship between violence and demographic data.

2. Materials and Methods

The study used a descriptive cross-sectional design to achieve its objectives, and was conducted from December 5th, 2023 until April 16th, 2024. Ethical considerations were taken into account, with the researcher promising to keep participant information confidential and ensuring that participation was voluntary. The study was conducted in Maternal & Neonatal Teaching Hospitals in NAJAF- IRAQ. The study sample consisted of a non-probability (purposive) sample of (200) women [11].

The study instrument was a questionnaire used the interview technique with the women to collect the data. The instrument consisted of two parts: Part 1 collected Women characteristics, Obstetrical history and Husband characteristics, while Part 2 included 41 items divided into three domains witch are Violence against women screening (5 point LIKERT scale), Hurt, Insult, Threaten, and Scream and Woman Abuse Screening (3 point LIKERT scale) [12].

The researcher used internal consistency reliability, specifically Cronbach's alpha, to ensure that the measurement was consistent. Microsoft Excel (2021) was used to input the data, and the outcome was determined using SPSS Program (V 26). Statistical analysis involved descriptive data analysis using tables, summary statistics tables including mean and standard deviation, and inferential data analysis, which included chi-square and Pearson correlation [13].

3. Results

Table 1. Women characteristics demographic data

Demographic Data		Freq.	%
Age	15-18 years	7	3.5
	19-22 years	40	20.0
	23-26 years	63	31.5
	27-30 years	54	27.0
	31- 34 years	25	12.5
	35-38 years	9	4.5
	39-42 years	2	1.0
Education level	illiterate	1	.5
	Can read and write	6	3.0
	Primary school graduated	24	12.0
	Middle school graduated	28	14.0
	High school graduated	26	13.0
	Diploma	110	55.0
	bachelor's	5	2.5
Master or PhD	0	0	
Marital status	Married	199	99.5

	Divorced	0	0
	Widow	1	.5
	Separated	0	0
Occupation	Employee	53	26.5
	Unemployed	75	37.5
	Freelance	72	36.0
Monthly income	Enough	67	33.5
	Barely enough	97	48.5
	Not Enough	36	18.0
Residency	Urban	158	79.0
	Rural	42	21.0
Total		200	100

Table (1) Shows that the majority of the study sample age between 23-26 years old (31.5%), have diploma degree (55%), married (99.5%), Unemployed (37.5%), Barely enough monthly income (48.5%) and most of them live in urban residency area (79%) [14].

Table 2. Obstetrical history

Demographic Data		Freq.	%
Number of children	0	45	22.5
	1	84	42.0
	2	44	22.0
	3	17	8.5
	4	5	2.5
	5	4	2.0
	6	1	.5
Number of pregnancies	First	62	31.0
	Second	78	39.0
	Third	33	16.5
	Forth	15	7.5
	Fifth	6	3.0
	Sixth	5	2.5
	Eaighth	1	.5
Gestational age	1 month	19	9.5
	2 months	16	8.0
	3 months	29	14.5
	4 months	17	8.5
	5 months	24	12.0
	6 months	23	11.5
	7 months	20	10.0
	8 months	24	12.0
	9 months	28	14.0
Previous labor type	Normal Vaginal Delivery	86	43.0
	Cesarian Section	98	49.0
	Induced Labor	16	8.0
Previous labor outcome	Healthy fetus	173	86.5
	Premature fetus	19	9.5
	Low birth weight	8	4.0
Previous miscarriage experience	Yes	54	27.0
	No	146	73.0

Smoking during pregnancy	Yes	13	6.5
	No	187	93.5
Drug use during pregnancy	Yes	117	58.5
	No	83	41.5
If yes what is it	Cefixime	6	2.5
	Azithromycin	10	4.2
	Antihistamine	7	2.9
	Metformin	1	0.4
	Levothyroxine	1	0.4
	Metronidazole	3	1.3
	Miconazole	2	0.8
	Lactulose	3	1.3
	Amoxicillin	10	4.2
	Folic Acid	53	22.1
	Aspirin	6	2.5
	Food Supplement	68	28.3
	paracetamol	9	3.8
	Methyldopa	2	0.8
	ondansetron	8	3.3
	progesterone	37	15.4
	Acyclovir	3	1.3
	esomeprazole	4	1.7
Dexamethasone	2	0.8	
Enoxaparin	5	2.1	
Exposure to violence during pregnancy	Yes	22	11.0
	No	178	89.0
Total		200	100

Table (2) Shows most of the women participants have one child (42%), they are currently having their second pregnancy (39%) and many of them are in the third month in pregnancy (14.5%), their previous labor type was cesarian section (49%), Previous labor outcome is healthy fetus (86.5%) and (73%) of them did not had Previous miscarriage experience, did not smoke during pregnancy (93.5%), many of them used Drug during pregnancy (58.5%), mostly it was food supplements (28.3%) and (89%) of the women exposure to violence during pregnancy.

Table 3. Husband characteristics demographic data

Demographic Data		Freq.	%
Age	20-24 years	18	9.0
	25-29 years	72	36.0
	30-34 years	74	37.0
	35-39 years	21	10.5
	40-44 years	10	5.0
	45-49 years	3	1.5
	50 years and above	2	1.0
Education level	illiterate	3	1.5
	Can read and write	15	7.5
	Primary school graduated	23	11.5
	Middle school graduated	29	14.5
	High school graduated	21	10.5
	Diploma	99	49.5
	bachelor's	10	5.0
Occupation	Master or PhD	0	0
	Employee	95	47.5
	Unemployed	19	9.5
Smoker	Freelance	86	43.0
	Yes	116	58.0
Using drugs or alcohol	No	84	42.0
	Yes	1	.5
Anger issues	No	199	99.5
	Yes	88	44.0
Total		200	100

Table (3) Shows the majority of the husbands were at age 30-34 years (37%), have diploma degree (49.5%), Employee (47.5%), smokers (58%), did not used drugs or alcohol (99.5%) and many of them don't have anger issues (56%).

Table 4. Frequency distribution of overall Violence against women screening Items

Overall Violence against women screening items		Fre q.	%	Mean of score	Assess	Over all M.S.	Overall Assess.
Emotional	Mild	191	95.5	1.36	Mild	1.35	Mild
	Moderate	6	3.0				
	Severe	3	1.5				
Physical	Mild	191	95.5	1.35	Mild	1.35	Mild
	Moderate	7	3.5				
	Severe	2	1.0				
Sexual	Mild	181	90.5	1.36	Mild	1.35	Mild
	Moderate	13	6.5				
	Severe	6	3.0				

Mild: MS \leq 2.33; Moderate: MS =2.34 - 2.77; Severe: MS =2.78+

Table (4) shows that the high majority of the women having mild emotional, physical and sexual violence.

Table 5. Frequency distribution of overall Hurt, Insult, Threaten, and Scream items

Overall Items		Freq.	%	Mean of score	Assess.
Hurt, Insult, Threaten, and Scream items	Mild	173	86.5	1.23	Mild
	Moderate	17	8.5		
	Severe	10	5.0		

Mild: MS \leq 1.66; Moderate: MS = 1.67 - 2.21; Severe: MS = 2.22+

Table (5) Shows Mild Hurt, Insult, Threaten, and Scream that women exposed to.

Table 6. Frequency distribution of overall Woman Abuse Screening items

Overall Items		Freq.	%	Mean of score	Assess.
Woman Abuse Screening	Mild	162	81.0	1.40	Mild
	Moderate	30	15.0		
	Severe	8	4.0		

Mild: MS \leq 1.66; Moderate: MS = 1.67 - 2.21; Severe: MS = 2.22+

Table (6) Shows the majority of the women exposed to mild abuse.

Table 7. Relationship between demographic data and Violence against women

Demographic Data	Chi	D.f	p-value
Section A: Women Characteristics			
Age	42.794	12	.000 (S)
Education level	38.655	12	.000 (S)
Residency	11.725	2	.003 (S)
Section B: Obstetric history			
Number of pregnancies	21.489	12	.044 (S)
Drug use during pregnancy	8.258	2	.016 (S)
Exposure to violence during pregnancy	48.438	2	.000 (S)
Section C: Husband Characteristics			
Age	26.157	12	.010 (S)
Occupation	13.572	4	.009 (S)
Anger issues	14.815	2	.001 (S)

Table (7) Shows that there is a statistically significant relationship between violence against women and women age, educational level, residency, women number of pregnancies, Drugs used during pregnancy, Exposure to violence during pregnancy, Husband age, Husband occupation and Husband Anger issues.

Table 8. Relationship between demographic data and Hurt, Insult, Threaten, and Scream

Demographic Data	Chi	D.f	p-value
Section A: Women Characteristics			
Education level	26.428	12	.009 (S)
Monthly income	12.546	4	.014 (S)
Section B: Obstetric history			
Drug use during pregnancy	7.265	2	.026 (S)
Exposure to violence during pregnancy	44.054	2	.000 (S)
Section C: Husband Characteristics			
Anger issues	18.264	2	.000 (S)

Table (8) Shows that there is a statistically significant relationship between Hurt, Insult, Threaten, and Scream and women educational level, Monthly income, Drugs used during pregnancy, Exposure to violence during pregnancy and Husband Anger issues.

Table 9. Relationship between demographic data woman abuse

Demographic Data	Chi	D.f	p-value
Section A: Women Characteristics			
Monthly income	14.164	4	.007 (S)
Section B: Obstetric history			
Drug use during pregnancy	10.439	2	.005 (S)
Exposure to violence during pregnancy	44.054	2	.000 (S)
Section C: Husband Characteristics			
Occupation	11.973	4	.018 (S)
Anger issues	20.398	2	.000 (S)

Table (9) Shows that there is a statistically significant relationship between woman abuse and women Monthly income, Drugs used during pregnancy, Exposure to violence during pregnancy, Husband occupation and Husband Anger issues.

4. Discussion

The study sample demographic data:

The majority of the study sample age is between 23-26 years old (31.5%), completed their diploma degree (55%), still married (99.5%), unemployed (37.5%) also most of the women are living in urban residency area (79%). In the matter of obstetrical history (42%). Most of them are currently having their second pregnancy (39%) and many of them are in the third month in pregnancy (14.5%). Their previous labor type it was cesarian section (49%), and the outcome is healthy fetus (86.5%) and (73%) of them did not had Previous miscarriage experience. The results mention that the majority of the women did not smoke during pregnancy (93.5%) and many of them used drug during pregnancy (58.5%), mostly of it was food supplements (28.3%) [15].

Also, the women reported that (89%) of the them did not expose to violence during their pregnancy. When reviewing women husband characteristics, we found most of the husbands age is between 30-34 years (37%), have completed their diploma degree (49.5%) and many of them are employee (47.5%). The women mention that most of their husbands are smokers (58%) and the high majority of them did not used drugs or alcohol (99.5%). Also, women reported that many of them don't have anger issues (56%) [16].

Violence, abuse, hurt, insult, threatening and screaming among women

The current results shows that there is mild level among all types of violence. The participants women showed mild response (86.5%) in the HITS scale, with mild Hurt, Insult, Threaten, and Scream. Also, as shown above in the results most of the women had also mild (81%) abuse against them. This indicates that pregnancy does not eliminate violence against women, but rather reduces it [17].

According to Rahman, 2015 study only (25.8%) of women exposed to physical violence and (13.4%) of them had sextual violence. While Citernesi et al.,2015 mentioned that psychological voidance is a bit higher in women especially to women how had undergo multiple abortion as well as women who did not had abortion before. Finnbogadóttir et al., 2016 study reveals that women exposed to abuse during early pregnancy (39.5%) is higher than late pregnancy (36.8%) [18].

Relationship between violence, abuse and HITS with basic information's

The table shows that there is a statistically significant relationship between violence against women and her age. We see that during the twenties, women are exposed to more violence than other age groups. The result is supported by the same finding in Afiaz et al.,2020 study. Also, there is strong association between violence and HITS items with educational level. Uneducated or low level of education women, are usually more vulnerable to violence. The result agree with Finnbogadóttir et al., 2016 mentioned result. While Sulaiman et al.,2021; Priya et al.,2019 did not found this relation with HITS.

Residency seems to be an important factor that affect the presence of violence. Women who live in rural areas are more likely than others to be exposed to violence by their husbands. The result confirmed by Bifftu et al., 2017 and Bo et al., 2020. Monthly income consider an important factor that can effect women abuse. The researcher believes that the week monthly income to the family the more abuse women will have. The result goes to and proven by Alhusen et al.,2015 study [19].

The result shows that the majority of women who have more than one pregnancy are more vulnerable to violence. Also, women's drug use during pregnancy has an impact on violence. These results proven by Abdollahi et al., 2015; Khaironisak et al.,2017, Tiruye et al., 2020 result. In the matter of husband characteristics, it seems to be husband age, occupation and husband Anger issues are is significantly related to women violence. Stephenson et al., 2016 also found that older couples are less vulnerable to violence than younger ones [20].

5. Conclusion

According to the study findings and discussion, the study concluded the following:

1. The majority of the study sample were young adults, married and most of them live in urban residency area.
2. Most of the women participants have one child, they are currently having their second pregnancy, Previous labor outcome is healthy fetus and the majority of them of them did not had Previous miscarriage experience.
3. A lot of husbands are middle-aged adults, Employee, smokers, did not used drugs or alcohol and many of them don't have anger issues.
4. The high majority of the women having mild emotional, physical and sexual violence also mild abuse and few hurt, insult, threatening and scream.
5. There is significant correlation between study variables.
6. There is a statistically significant relationship between violence against women and women age, educational level, residency, Monthly income, women number of pregnancies, Drugs used during pregnancy, Exposure to violence during pregnancy, Husband age, Husband occupation and Husband Anger issues.
7. Pregnancy does not stop violence, but it reduces it.
8. The study concludes that that no significant relationship between violence against pregnant woman and incidence of abortion.

Recommendations

Based on the study conclusions, the study recommends the following:

1. Further studies should be conducted regarding Violence against women in larger area.
2. Develop serious laws to hold violent husbands accountable and punish them in Iraq.
3. Educating people about the dangers of domestic violence due to the many consequences it leads to, especially on pregnant women, and the miscarriage it causes.
4. The study recommends for more study with large sample size to explore the others types of violence by another tools.
5. The study recommends to add an items in the assessment tools in medical chart to Inferred by it whether the mother has been subjected to violence indirectly way.
6. Pregnant women who are exposed to violence must be identified early through a questionnaire on violence during their visits to the center during pregnancy.

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