

Wife Abuse Prevalence and Predisposing Factors in Women

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(Received 2 July 2009; accepted 11 Sep 2009)

Abstract

Background: Spouse abuse so called intimate partner violence (IPV) is a common problem in the world. This survey was conducted to identify IPV prevalence and related factors in district health centers in Hamadan, western Iran, in hope that, by identifying risk factors, preventive guidelines could be understood.

Methods: In this descriptive analytic cross sectional study, 600 married women from six district health centers in Hamadan, western Iran were randomly enrolled in 2007. For gathering information we used a questionnaire which included demographic and specific questions about IPV, based on WHO guidelines. For increasing validity of results, questionnaires were nameless and participants were ensured about concealment of their identities. Finally data analyzed by SPSS software (version 15).

Results: Wife abuse was identified in 34.2% of participants. For understanding IPV risk factors, we used logistic regression method and 27 variables were enrolled in the equation and finally 4 variables were statistically significant to wife abuse ($P < 0.05$). These variables were: weak religious believe of men, history of wife abuse in participant's mothers, men's criminal history and finally men's alcoholic abuse

Conclusion: Wife abuse was prevalent in this survey, so that 1 from 3 women was abused by their husbands. Other similar investigations in different countries also verify this result. Because of so many women who disclaim violence due to cultural texture and religious believe, it is believed that, intimate partner violence is more than those being reported.

Keywords: *Wife abuse, District health centers, Intimate partner violence, Iran*

Introduction

Spouse abuse, so called intimate partner violence or IPV is amongst prevalent problems in the world. Women are more frequently exposed to this problem so that they hurt by their spouse 5-8 times more than men did (1).

According to CDC (Center for Diseases Control) explanation, violence is composed of the following items:

- 1- Physical violence
- 2- Sexual violence
- 3- Threats to physical or sexual violence
- 4- Psychological or emotional abuse

All or some of the above components may be present in a violent relationship in the family (2), which psychological problems such as depression or PTSD (Post Traumatic Stress Disorder) are more important (3-4). IPV affects children in different aspects too, so that these chil-

dren receive less attention, for example about their routine vaccination or other cares which they need. These children are prone to high risk behaviors in adolescence period too (5-6).

In some subgroups of women IPV is more likely to develop, such as: depressed women, low economic condition, poor health status, immigrant groups and so on (7-10).

Unfortunately, approach to IPV is not clearly understood in many developing countries. While in many developed countries, there are structured interviews for involving the problem (11). However, screening system, proposed by some authorities may not work properly in these societies (12). On the other hand, medical schools have not any academic educational program for managing this problem. It is believed that, physician's training can improve their abilities to approach the problem (13).

Materials and Methods

A descriptive analytic cross sectional design was performed in this study. Study samples were married women who visited district health centers in Hamadan, western Iran for receiving any other health programs (such as child vaccination) in 2007.

A multi stage sampling was performed to complete sample size. First, 6 centers were chosen randomly amongst all district health centers, then in each center 100 people were randomly assigned so that totally 600 consented women enrolled in the study. A questionnaire, which included IPV concepts according to CDC explanations, was filled by each participant or their relevant (for illiterates) and delivered to research team for further analysis. For increasing validity, questionnaires were nameless and without identity clarification. Questionnaires contained different questions, which addressed different IPV risk factors as independent variables, from them 27 questions were about independent variables which affect IPV, one question assigned to existence of IPV as dependent variable; two questions were about IPV reaction from women and duration of IPV. All the questions had qualitative scales (most of them had binary response with yes or no answer), except for few quantitative questions such as income and marriage duration. All participants were elucidated in terms of informed consent.

Results

IPV was identified in 205(34.2%) of participants. Some quantitative features of participants are presented as follows:

Mean participant's age was 28.67 yr (SD 7.4) and this parameter was 33.49 yr (SD 8.3) for their husbands. Mean marital duration was 9.04 yr (SD 6.8), and mean income rate was about 320\$ (3,200,000 Rials) per month. Some other important risk factors were also investigated as follows: 11.7% were Illiterate or had primary education, 59.1% had secondary, or high school degree and 29.2% had academic edu-

cation. Men's educational status was almost similar to women. Seventy three women (12%) had history of physical or mental disorders. History of physical or psychological aggression against mothers of participant during their childhood is presented in Table 1.

93.3% women had acceptable religious believes and in 40 (6.7%) the religious status was poor. Results of other conditions affected IPV are presented in Table 2.

Women's reactions to IPV were very different (Table 3). For statistical analyzing we used logistic regression model and entered independent variables related to IPV in the model. These variables were coded by 0 and 1, which 0 represented negative and 1 represented positive risk factor state.

Variables, which entered in the final model, were as follows: Participants age and her spouse, marriage duration, remarriage history, educational status, income, history of physical and psychological illness, history of physical or psychological aggression against mothers of participant during their childhood, religious believe, cigarette smoking and substance abusing. In the final model 4 variables were statistically significant ($P < 0.05$) by this method (Table 4).

Table 1: History of physical or psychological aggression against mother's of participants during their childhood

Violent type	Physical		psychological	
	N	%	N	%
Usually	35	(5.8)	47	(7.8)
Sometimes	92	(15.3)	113	(18.8)
Rarely	84	(14)	106	(17.6)
Never	389	(64.8)	334	(55.6)

Table 2: criminal and drug abuse history of participants spouses

Condition	YES		NO	
	N	%	N	%
History of criminal problem	42	(7)	558	(97)
Cigarette smoking	201	(33.5)	399	(66.5)
Alcoholic abuse	33	(5.5)	67	(94.5)
Other substance abuse	60	(10)	540	(90)

Table 3: Different reactions from women to IPV

Reaction	N	(%)
Tolerance or ignorance	134	(23.3)
Advisement	34	(5.6)
Complains to older family members	33	(5.5)
Done the same reaction	31	(5.2)
Sexual interruption	30	(5)
Legal centers referee	6	(1)
Counseling centers referee	5	(.83)

Table 4: Dariales, which were statistically significant with IPV in logistic regression

Variable	B	SE	Wald	df	Exp(B)	P-Value
Weak spouse religious believe	0.398	0.146	7.532	1	1.48	0.006
history of IPV in participant's mothers	0.478	0.137	13.266	1	0.62	0.000
Positive criminal history of spouse	1.31	0.432	5.936	1	0.375	0.014
Alcoholic abuse of spouse	2.3	0.601	11.141	1	0.1	0.000

*: Hosmer and lemeshow test results: chi-square (6.16), df (7), sig (0.52)

Discussion

IPV prevalence was 34.2% in this study. In other words, one from three women is exposed to violation. Similar results in Iran approve present survey results, such as Esfahan IPV survey in 2002 which resulted 36.8% IPV in that survey (14). Four variables which were statistically significant in this study are discussed briefly. Religious believe in all religions are among main protective factors against IPV, and women's religious believe can reduce psychological side effects of IPV (15-19). In our study IPV was more prevalent in those men who had not strong religious believe.

History of IPV in mothers of participants was also related to IPV, and it seems that exposing to IPV from childhood can affect personal psychological characters in a negative way.

Spouse criminal history was also related to IPV, and this fact has been shown in previous studies too. Finally, alcoholic abuse in men was related to IPV in our study, and this subject is not difficult to be understood too. Most alcoholic persons have fragile psychological characters; lead them to do immoral conditions such as IPV. Women's reaction against IPV was another important subject in the present study. Most

women tolerate IPV and a few of them had physical violent reaction, and referring to counseling or justice centers was very low, so that women preferred to solve their problem by own.

Finally it must be told that in Islamic countries such as Iran, many women are adapted to IPV as a cultural background and countering the problem is not so easy and requires many governmental and NGO activities (16, 20).

Acknowledgements

This study was funded by Hamadan University of Medical Sciences and we would like to appreciate all participants who enrolled the study. The authors declare that they have no conflicts of interest.

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