

## KNOWLEDGE ATTITUDE AND PRACTICES REGARDING VIOLENCE AGAINST WOMEN AMONG A SAMPLE IN PRIMARY HEALTH CARE CENTERS IN BAGHDAD CITY

Ass. Prof. Dr. Atta Ah. Mousa Al-Sarray<sup>1</sup> and Ayaat K. Alaa Aldeen<sup>2\*</sup>

Baghdad, Iraq.

Article Received on  
04 August 2017,

Revised on 25 August 2017,  
Accepted on 16 Sept. 2017

DOI: 10.20959/wjpr201712-9463

\*Corresponding Author

Dr. Atta Ah. Mousa AL-  
Sarray

Baghdad, Iraq.

### ABSTRACT

**Background:** Violence against women defined by the united Nations “ any act of gender based violence (GBV) that results in, sexual, physical, or harm of mental or suffering to women including: threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life. **Objectives:** \*To determine level of knowledge, attitude and practices of women regarding violence.\*To determine types of violence. \*To determine different associated factors with violence against women. **Subject and methods:** A cross-sectional

study conducted at 40 multistage randomly selected primary health care centers (PHCs) in center of Baghdad the capital of Iraq. Data collection started from 1<sup>st</sup> November 2016 through 30<sup>th</sup> February 2017. There are 14 health sectors in center of Baghdad, six of them in Al-Kurkh side of the city and eight in Al-Russafa side. Using of available Statistical Packages for Social Sciences-version 20 (SPSS v20) for simple descriptive statistical analysis. **Results:** 33.8% of the sample was in the age group (25-34), while the old age group (55 and more) were the lowest group 5.3% in the study sample. Married women were the majority they were 81.5%, the remaining 18.5 were single 18.5%. More than a quarter of the women were exposed to verbal violence 79.2%. Showed that only 24.3% exposed to physical violence. Showed that more than half of the sample were exposed to psychological violence 65.1%. Women who exposed to sexual violence were only small group the constituted 22.4%. Women who exposed to sexual violence were only small group the constituted 22.4%. **Conclusions:** More than 50% of study sample had good and acceptable score for knowledge, attitude and practice. Most women were married, from urban area. Highest percentage of study sample (60%) exposed to more than one type of violence. Highest percentage for verbal violence and lowest for several types of violence. Highest percentage of

persons who practice violence against women was the husband and followed by brother, while the lowest percentage was by grandfather.

## INTRODUCTION

Violence against women defined by the United Nations “any act of gender based violence (GBV).<sup>[1]</sup> Violence in families was not considered a problematic issue until the 1960s due to cultural norms.<sup>[2]</sup> Hence, intimate partner violence as a social or legal phenomenon was acknowledged only recently.<sup>[3]</sup> In the beginning of the 1980s, violence against women began to be addressed as a public health issue.<sup>[4]</sup> There were many differences in the way of defining, measuring and presenting violence.<sup>[5]</sup> Studies have reliably recognized that the violence of women is a sexed incidence and a sex crime.<sup>[6]</sup> Physical, emotional, psychological, and sexual violence are among the common types of violence, which practiced against women in various public and private settings. It is estimated that one in three women throughout the world will experience physical and/or sexual violence at some point in their lives.<sup>[7]</sup> The key determinants of violence against women are unequal power relations between women and men, and adherence to rigid gender stereotypes.<sup>[8]</sup> Research shows that social norms, attitudes and beliefs contribute to all forms of violence against women, whether it is emotional, psychological, economic, physical or sexual violence. These beliefs can result in violence being justified, excused or hidden from view.<sup>[9]</sup> Violence against women and their children can significantly impact on women’s financial position.<sup>[10]</sup> Medical professionals have a crucial role to play in providing care and in some cases, identifying women who have experienced domestic violence or at risk of it. National and local health policies and programs should meet the minimum requirements for addressing violence against women in accordance with World Health Organization guidance.<sup>[11]</sup>

**Objectives:** (1) To determine level of knowledge, attitude and practices of women regarding violence. (2) To determine types of violence. (3) To determine different associated factors with violence against women.

**Subject and Methods:** A cross-sectional study conducted at 40 multistage randomly selected primary health care centers (PHCs) in center of Baghdad the capital of Iraq. Data collection started from 1<sup>st</sup> November 2016 through 1<sup>st</sup> January 2017. There are 14 health sectors in center of Baghdad, eight of them in Al-Kurkh side of the city linked to Al-Kurkh directorate of health with (30) PHCs attached to these sectors. The other six sectors were in Al-Rusafa the second side of the city linked to Al-Rusafa directorate of health with (50)

PHCs attached to them. Half of the health medical centers from each side were chosen on random base, again half of the number of the PHCs randomly selected to be included in the study. A data collection instrument was constructed for the purpose of the study after reviewing of some literatures. A committee of expert revised it. The questionnaire was filled in by direct interview with the participant women. A pilot study was conducted in two PHCs, it covered ten women who were not included in the study. The pilot study aids in training of researcher, find the time need to accomplish the filling in the instrument, and restyling of checklist were incorporated to simplify and improve the final form.

**Statistical Analysis:** Using of available Statistical Packages for Social Sciences-version 20 (SPSS v20) for simple descriptive statistical analysis of the collected data for measuring frequency, percentage, and mean. Pearson chi-square test used to test the association between variables, P-value  $\leq 0.05$  was considered as significant.

**Limitations of the study:** There are several limitations to the present study among them: is long questionnaire and time consuming; difficulties in asked critical questions about sexual violence; absence of isolated room.

**Ethical issue:** A written approval from Ministry of health, Al-Kurkh Directory of health, and Al-Rusafa Directory of health were obtained prior to starting the work. Verbal consents from each participant was taken after declaration of the nature of the study. The data will not be used except for the purpose of the study to ensure confidentiality.

## RESULT

Table.1 Showed that 33.8% of the sample was in the age group<sup>[25-34]</sup>, while the old age group (55 and more) were the lowest group 5.3% in the study sample. Married women were the majority they were 81.5%, the remaining 18.5 were single 18.5%. More than half of the women in the sample were working 69.8% (employed 19.8% and unemployed 10.4%) while the remaining 30.2% were not working. Moreover, more than half of the women in this study 53.5% live in places with low crowding index (0.5-1.7). Women living in owned houses and rented ones were about equal (50.7%, 49.3% respectively).

**Table. 1: Distribution of study sample according to sociodemographic variables.**

Age groups	(N =400)	%
15-24	126	31.5
25-34	135	33.8
35-44	75	18.8
35-54	43	10.8
55-	21	5.3
<b>Marital status</b>		
Single	74	18.5
Married	326	81.5
<b>Working status</b>		
Employed	79	19.8
Unemployed	42	10.4
Housewife	279	69.8
<b>Crowding index</b>		
0.5-1.7	214	53.5
1.8-6.5	186	46.5
<b>Property of the house</b>		
Owner	203	50.8
Rent	197	49.3
<b>Residency</b>		
Urban	389	97.3
Rural	11	2,8

Table.2: This table showed the distribution of women exposed to violence and types, 255 women exposed to violence while 145 not exposed, more than half women exposed to violence in sample was exposed to more than one type of violence 60.3% and followed by verbal violence 21.2% but the lowest percentage was women exposed to sexual violence at percentage 3.9%.

**Table. 2: Distribution of exposed women to violence and types.**

<b>Exposed to violence and types</b>			
Exposed to violence	N	%	
No	145	36.3	
Yes	255	63.7	
<b>Total</b>	<b>400</b>	<b>100</b>	
<b>Types of violence</b>		N	%
	More than one	154	60.4
	Verbal	54	21.2
	Psychological	26	10.2
	Physical	11	4.3
	Sexual	10	3.9
<b>Total</b>	<b>255</b>	<b>100</b>	

Table.3: This study showed the percentage of total good and poor knowledge (56.5%, 43.5%). While the percentage of total good and poor attitude (55.7%, 44.3%).And the percentage of total good and poor practice (54.0%, 46.0%).

Figure1: This current study showed the highest percentage of persons who practice violence against women was the husband is 41.8% and followed by the father 13.0%, while the lowest percent was grandfather 1.3%.

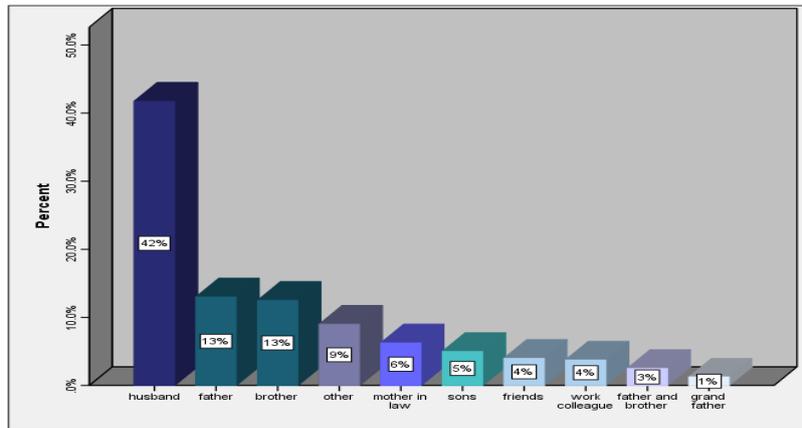


Figure. 1: Distribution persons who practice violence against women.

Table. 3: Distribution of knowledge, Attitude and Practice score.

Variables=400	Good		Poor		Total	
	N	%	N	%	N	%
Knowledge	226	56.5	174	43.5	400	100
Attitude	223	55.7	177	44.3	400	100
Practice	216	54.0	184	46.0	400	100

Figure.2: This figure showed the distribution on knowledge score was the highest percentage 56.5% for good score. While the lowest percentage 43.5% for poor score.

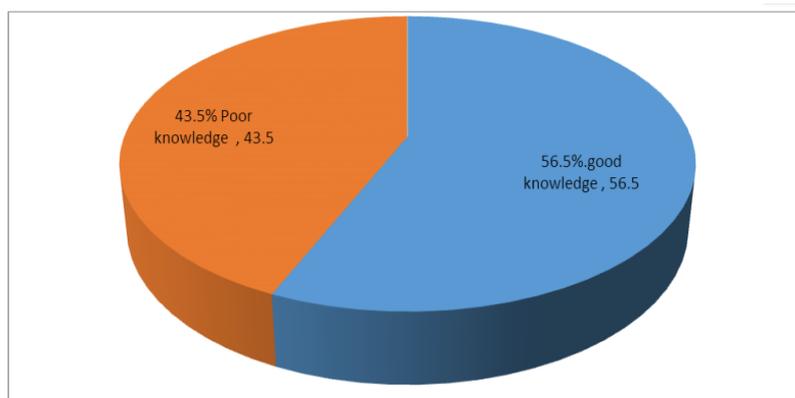
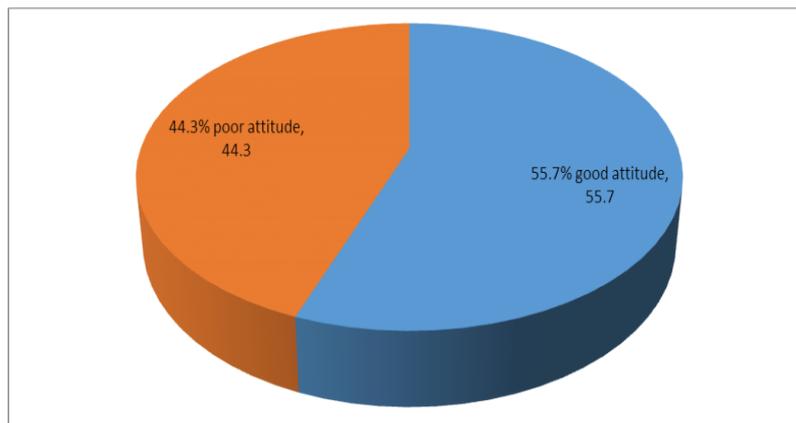


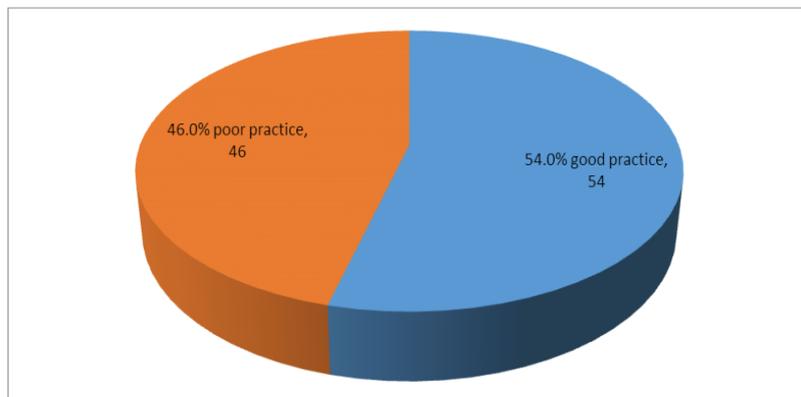
Figure. 2: Distribution of knowledge score.

Figure.3: This figure showed the distribution on attitude score was the highest percentage 55.7% for good score. While the lowest percentage 44.3% for poor score.



**Figure. 3: Distribution of attitude score.**

Figure.4: This figure showed the distribution on practice score was the highest percentage 54.0% for good score. While the lowest percentage 46.0% for poor score.



**Figure. 4: Distribution of Practice score.**

## DISCUSSION

In present study used the range of age (15-71). In comparison with some studies, this is close to Grose.et.al (2014) with a range of (15-<50).<sup>[12]</sup> In addition, this result agreement with the previous study done in Iraq by Ban et.al (2015) used rang (<20 - >64). This result may be due to differences in age group between studies.<sup>[13]</sup> More than one third of the women in our study was in younger age group (25-34) years, while our study disagreement with previous study done by Grose.et.al (2014)<sup>[12]</sup>, more than one third of women was in old age group(35-49) at percentage. This finding may be due to different categories of the sample. The majority of the study sample were married. This is in consistency with Riyadh et al (2009) in his study in

Iraq were the rate of married women.<sup>[14]</sup> This is probably explained by women attend PHC more than men, seeking for care of herself and her children. In our sociality, women are responsible for raising and looking for their children's needs because parents are busy with their work. Women who are not working forming the highest rate of the study sample, this result agreement with the study conducted by Ghazizadeh in 2005 in Iran (2005) were housewife more than two third from working women<sup>[15]</sup> and other disagreement study by Mousavi (2002) in Iran housewife also more than working women.<sup>[16]</sup> This finding could be explained by that not working women have more time to attend PHCs than women who engaged in their work, beside working women. More than half of the women in this study live in places with low crowding index, this result disagreement to what had result by Fahmy (2008) was the highest percentage of women who live in places with high crowding index.<sup>[17]</sup> In our study the highest percentage in present study were from women lived in urban this result agreement to what had been reported by Fahmy (2008) was the highest percentage of women who live in urban area<sup>[17]</sup> but this result disagreement to what had been found by Marine et al (2010) were the highest percentage of women lived in rural area.<sup>[18]</sup> this results may be due to the study sample collected in Baghdad city mostly urban.

Different types of violence practiced against women in present study 255 women exposed to violence while 145 not exposed, more than half women exposed to violence. This result is differe from what had been reported by (Gracia,et.al.,2006, in Spain)<sup>[19]</sup> was women not exposed to violence more than exposed women. This may be due to deference between the two communities of education, customs, traditions and religion. Women in current study was exposed to more than one type of violence and followed by verbal violence and then exposed to psychological, physical and the lowest percentage was exposed to sexual violence at percentage. This result is differe from what had been reported by (Harris/decimal, 2009)<sup>[20]</sup> was the highest percentage of women suffered physical violence at and followed by verbal violence but the lowest percentage also by sexual violence. And this result is similar to what had been reported by (Abdul- Hameed,2010 in Baghdad/ Al- Karkh)<sup>[21]</sup> was the highest percentage women suffered from verbal violence. This result may be due to differences in methodology between two studies.

Women in current study exposed to sexual violence were only small group. It was mainly in form of forced intercourse. This result is similar to what had been reported by Hawaida,et.al.(2008)<sup>[22]</sup> was the highest percentage in form of forced intercourse. This could

be reflection of social problems between couple, which negatively affects the sexual relation between them.

The present study showed the distribution of total good and poor knowledge, attitude and practice was the total good knowledge more than poor knowledge. And the total good attitude more than poor attitude. The total good practice more than poor practice.

## CONCLUSIONS

More than 50% of study sample had good and acceptable score for knowledge, attitude and practice. Most women were married, from urban area. Highest percentage of study sample (60%) exposed to more than one type of violence. Highest percentage for verbal violence and lowest for several types of violence. Highest percentage of persons who practice violence against women was the husband and followed by brother, while the lowest percentage was by grandfather.

## REFERENCES

1. Assembly UG. Declaration on the Elimination of Violence against Women. UN General Assembly. 1993 Dec 20.
2. Hotaling GT, Straus MA, Lincoln AJ. Intrafamily violence, and crime and violence outside the family. *Crime and Justice*. Jan 1, 1989; 11: 315-75.
3. Basu A, Jaising I, Collective L. Violence against women: a statistical overview, and challenges and gaps in data collection and methodology and approaches for overcoming them. Retrieved March, Apr. 2005; 4: 2008.
4. Carlson BE, Worden AP, van Ryn M, Bachman R. Synthesis of Research for Practitioners. *NCJ*. 2000 Dec.
5. Koss MP. Detecting the scope of rape: A review of prevalence research methods. *Journal of interpersonal violence*, Jun. 1993; 8(2): 198-222.
6. Garcia-Moreno C, Watts C. Violence against women: an urgent public health priority. *Bulletin of the World Health Organization*. Jan 2011; 89(1): 2.
7. World Health Organization. WHO multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses. (2005).
8. OWP, A Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria 2010-2020, Department of Planning and Community Development, Victorian Government. (2010).

9. Women's Health East. PREVENTION OF VIOLENCE AGAINST WOMEN Updated January 2014. [www.whe.org.au](http://www.whe.org.au) p. 9(2014).
10. Chung, D., Zufferey, C., & Powell, A. Preventing violence against women in the workplace (An evidence review: full report). Melbourne, Australia: Victorian Health Promotion Foundation. (2012).
11. World Health Organization. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. World Health Organization; 2013.
12. Grose, RG and Grabe, S. " Violence Against Women 2014 20: 972 originally published by sage (2014), Vol. 20(8) 972–993 DOI: 10.1177/1077801214546231 <http://vaw.sagepub.com/content/20/8/972>.
13. Al-Saadi BS, Al-Giboori SK. Medico-legal study of Violence against Females. Iraqi Journal of Medical Sciences, Jan 1 2015; 13(1).
14. Lafta RK, Al-Saffar AJ, Eissa SA, Al-Nuaimi MA. Gender-based violence: a study of Iraqi women. International Social Science Journal. Jun 1, 2008; 59(192): 309-16.
15. Ghazizadeh A. Domestic violence: a cross-sectional study in an Iranian city. (2005).
16. Mousavi SM, Eshagian A. Wife abuse in Esfahan, Islamic republic of Iran, 2002.
17. Fahmy HH, SI AE. Determinants and health consequences of domestic violence among women in reproductive age at zagazig district, egypt. J Egypt Public Health Assoc. 2008; 83(1-2): 87-106.
18. Chitashvili M, Javakhishvili N, Arutiunov L, Tsuladze L, Chachanidze S. National research on domestic violence against women in Georgia. Tbilisi: UNFPA Georgia. 2010.
19. Gracia E, Herrero J. Public attitudes toward reporting partner violence against women and reporting behavior. Journal of Marriage and Family, Aug 1, 2006; 68(3): 759-68.
20. Harris/Decima's interactive company. "Attitudinal Survey on Violence Against Women" Prepared for the Province of New Brunswick Executive Council Office Women's Issues Branch. (2009).
21. Abdul- Hameed, K. Violence against women a practical study in Baghdad/ Al- Karkh. JOURNAL OF College of Education for Girls, 2011; 22(4).
22. Howaida, H. & Fahmy, Seham, I. & Abd El Rahman. Determinants and Health Consequence of Domestic Violence Among Women in Reproductive Age at Zagazig District, Egypt. Journal Egypt Public Health Assoc, 2008; 83(1): 1.