

Domestic Violence: Prevalence among Saudi Women Attending Primary Health Care Centers in Al-Madina Al Monawara City, 2012

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ABSTRACT

Background: Studying the violence act on women lives help us to understand the magnitude of problem and influence us to find a solution to help every woman how suffer in her life from any type of abuse that affect her life and family.

Objectives: To determine the frequency of violence act on women lives, list the different types of violence experienced by woman and identify risk factors contributing to the existence of violence among Saudi women attending primary health care centers (PHCCs).

Subjects and Methods: All Saudi Arabian women aged 18 to 60 years who are visiting the PHC during the study period. Norway Abuse Questionnaire (NORAQ) questionnaire was used for collection of data from volunteers.

Results: A total of 186 Saudi Arabian women were recruited out of 200, the response rate from this study is 93%. The ages of women included in the study between 18 and 60 with a mean of 30.7 (SD 9.6) years (SD 7.65). The prevalence of ever abused among them was 42.5%. The result prevalence rates of emotional abuse, physical abuse and sexual abuse in orders were 36%, 25.3% and 5.9%. Risk factors for becoming victim or abusers included younger age, low education, low socio-

economic status, divorcing status and having a retired or manual husband. A considerable proportion of abused women did not inform their physicians about this problem.

Conclusion: Women abuse in Saudi Arabia and factor that contributing to that abuse need to be study well and to find solution and recommendation that help to stop violence against women.

Keywords: Domestic violence, Norway Abuse Questionnaire, Prevalence, Saudi Women.

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Article History:

Received: 25-09-2016, Revised: 05-10-2016, Accepted: 18-10-2016

Access this article online

Website: www.ijmrp.com	Quick Response code 
DOI: 10.21276/ijmrp.2016.2.6.004	

INTRODUCTION

Violence against women is important health issues, the physical and emotional effects of violence can lead to death and disability worldwide.¹

Violence against women defined 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

Domestic violence (DV) is defined as: "violence that occurs within the private sphere, generally between individuals who are related through intimacy, blood or law. It is nearly always a gender-specific crime, perpetrated by men against women".³

Centers for disease control and prevention (CDC) defines it as "an actual or threatened physical or sexual violence, or psychological and emotional act, discrete toward spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner".⁴ Studies done related to violence against women shows that a husband or an intimate partner (IPV) are responsible for the common forms of violence committee against women.⁵

Another study shows that domestic violence in women attending general practice range between 5% and 20%, and few of them had discussed the problem with their doctor.⁶

Violence against women affect the general health of women and their emotional status as well and those women suffer from clinical depression compared with women who had not been abused.⁷

Violence against women is important public health issue in Saudi Arabia By measuring the prevalence of this problem; we can identify, prevent and take the appropriate action.

SUBJECTS AND METHODS

A cross-sectional study was carried out among adult Saudi women (18-60 years) who attend the primary health care center in Al-Madinah Al-Munawwarah city throughout the period March-May, 2012. Al-Madinah Al-Munawwarah city is the main destination of the Muslim communities after the holly Mecca. It has a population of 1,800,000 people. Too ill women were excluded from the study. Also, if more than one woman were in the same family, only one was enrolled in the study.

The total number of the women who attended the four selected centers in the last month was 1981. Sample size calculation was 202 women.⁸ The data used for calculation were population size of 1981, expected frequency of 30%, worst acceptable rate of 36% and confidence interval of 95%. The total numbers of PHCCS is 32, divided into sectors; north, south, east, and west, from each sectors one center was chosen to enter in the study. The selection of these centers by simple random sampling technique, the time

spend for each centers was 9 to 10 hours during the work time at morning or evening shifts until the required number is reached. Every Saudi woman aged 18 - 60 years that match the inclusion criteria were enrolled in the study after obtaining the consent. The questionnaire was distributed to these women after discussed with them the main purpose of study and take verbal consent. The number of subjects enrolled in the study was proportionate to the total number of patient attending each Centre as seen in **table 1**.

Table 1: Distribution of the sample size on different primary health care centers, Al-Madinah Al-Munawwarah city.

Name of the P.H.C.C.	No. of women attending	The proportion (%)	Actual no. of study sample
Al-Naser	5055	21%	41
Al-Arowah	3908	16%	32
Al-Hgerah	7279	31%	62
AL-slam	7557	32%	65
Total	23799	100%	202

NorVold Domestic Abuse Questionnaire was developed by BarbroWijma and BeritSchei. The questionnaire consists of the following parts: general, health, psychological abuse, physical abuse, sexual abuse and conclusion question.⁹

The Arabic validated and reliable version of NORAQ from Jordanian study was adopted in the study after getting permission.¹ The research proposal has been approved by the research ethical committee for approval. In addition, a letter from the supervisor general of the training program was issued to

deputy director for PHC to facilitate the work of researcher. Data analysis included descriptive statistics (frequency, percent, mean, range and standard deviation). Chi-square test was applied to test the association and/or difference between categorical variable. Fisher exact test was applied whenever indicated (if the frequency is less than 5 in one or more cell in contingency tables). Analysis was done using the Statistical Package of Social science (SPSS version 22.0). Results were considered statistically significant when the P-value is <0.05.

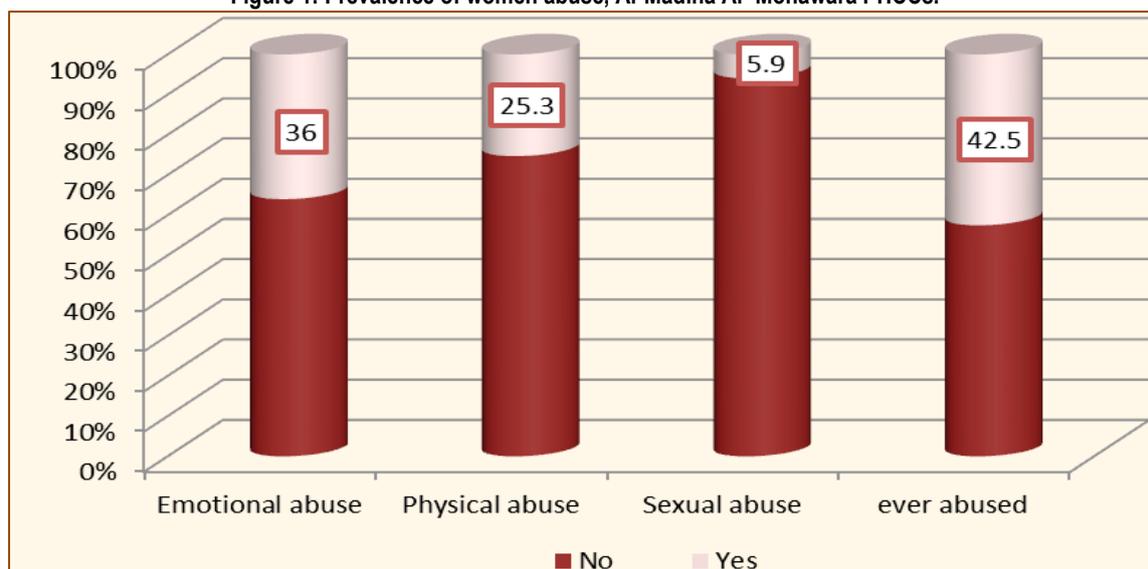
Table 2: Demographic and baseline characteristics of the participants (n=186)

Characteristics	Frequency	Percent
Age in years		
≤25	73	39.2
26-35	54	29.0
>35	59	31.8
Range		18-60
Mean±SD		30.7±9.6
Educational level		
Illiterate	15	8.1
Primary	6	3.2
Intermediate	25	13.4
Secondary	69	37.1
University	71	38.2
Residence		
Urban	182	97.8
Rural	4	2.2
Housing		
Private	72	38.7
Rented	114	61.3
Crowding index		
≤2	138	74.2
>2	48	25.8
Marital status		
Single	45	24.2
Married	123	66.1
Divorced	12	6.5
Widowed	6	3.2
Job status		
House wife	97	52.2
Student	48	25.8
Professional	41	22.0
Husband's job (n=135)		
Governmental employee	40	29.6
Retired	12	8.9
Professional	20	14.8
Military	18	13.4
Manual	45	33.3

Table 3: General physical and mental health assessment of the participants during the last year (n=186).

Physical and mental health	Frequency	Percent
General health		
Vey weak	7	3.8
Somewhat weak	14	7.5
Somewhat good	76	40.9
Vey good	89	47.8
Psychiatric or psychological consultation		
No	166	89.2
Yes, during the last year	11	5.9
Yes, before one year	9	4.8
Anguish feeling		
No	72	38.7
Yes, a little	35	18.8
Yes, sometimes	57	30.7
Yes, most of the time	22	11.8
Depression feeling		
No	83	44.6
Yes, a little	39	21.0
Yes, sometimes	41	22.0
Yes, most of the time	23	12.4
Insomnia feeling		
No	67	36.0
Yes, a little	35	18.8
Yes, sometimes	53	28.5
Yes, most of the time	31	16.7
Somatic complaints		
No	44	23.7
Yes, a little	36	19.4
Yes, sometimes	81	43.5
Yes, most of the time	25	13.4
Bad experience		
No	106	57.0
Yes, a little	29	15.6
Yes, sometimes	35	18.8
Yes, most of the time	16	8.6
Avoidance of specific occasion		
No	100	53.8
Yes, a little	32	17.2
Yes, sometimes	33	17.7
Yes, most of the time	21	11.3
numbed feeling		
No	113	60.8
Yes, a little	27	14.5
Yes, sometimes	29	15.6
Yes, most of the time	17	9.1

Figure 1: Prevalence of women abuse, Al-Madina Al- Monawara PHCCs.



RESULTS

Out of 200 women included in the study, 186 completed the questionnaire giving a response rate of 93%. Table 2 presents their demographic and baseline characteristics. Their age ranged between 18 and 60 years with a mean of 30.7±9.6 years. Most of them (75.3%) were at least graduated from secondary school.

Table 3 presents the physical and mental health assessment of the participants. Less than half of them (47.8%) claimed that their general health is very good. Twenty women (10.7%) consulted psychiatric or psychologist either during the last year (4.9%) or before (4.8%). Aguish, depression, insomnia and numbed feelings were cited by 61.3%, 55.4%, 64% and 39.2% of the participants, respectively. Somatic complaints were reported by 76.3%.

From Fig 1, it is obvious that the prevalence of ever abused among women attended Al-Madina Al- Monawara PHCCs was 42.5%. The prevalence rates of emotional abuse, physical abuse and sexual abuse were 36%, 25.3% and 5.9%, respectively.

Out of women reported emotional abuse (n=67), 23.9% cited that they were exposed to it at or before age of 18 while 26.9% of them were exposed to emotional abuse after age of 18 years. Less than half of women (46.3%) were exposed to emotional abuse during the last year. Among women who reported emotional abuse, almost one-third (32.8%) sought help for emotional abuse whereas almost two-thirds of them (62.7%) informed others about emotional abuse.

Among women who reported physical abuse (n=47), 31.9% mentioned that they were exposed to it at or before age of 18 while 19.1% of them were exposed to physical abuse after age of 18 years. Less than half of women (40.4%) were exposed to physical abuse during the last year. Almost one-quarter (23.4%) sought help for physical abuse. More than two-thirds of them (68.1%) informed others about physical abuse.

Among women who reported sexual abuse (n=11), 81.8% mentioned that they were exposed to it at or before age of 14. All of them were not exposed to sexual abuse during the last year. Among them, none of them sought help for sexual abuse. Almost two-thirds of them (63.6%) informed others about sexual abuse.

As shown in table 4, younger women (≤25 years) were more

significantly exposed to emotional abuse (53.4%) compared to older women, $p<0.001$. Regarding marital status, divorced (66.7%) and single women (57.8%) showed higher rate of emotional abuse than married women (25.2%), $p<0.001$. Students showed higher significant rate of emotional abuse (54.2%) than house wives (30.9%) or professional women (26.8%), $p<0.01$. Women whose husbands were retired showed the highest rate of emotional abuse (66.7%) while those whose husbands were professional workers showed the lowest rate of emotional abuse (15%). The association between husband's job and emotional abuse among women was statistically significant, $p=0.019$.

Also table 4 demonstrated that women who reported very good general health showed the lowest rate of emotional abuse (21.3%) compared to 42.9% among those who reported very weak general health, $p=0.001$. Women who reported a history of psychiatric or psychological consultation either during the last year or before showed significantly higher rate of emotional abuse compared to those without such history (63.6% and 77.8% versus 31.9%, respectively), $p=0.003$. Women who reported anguish depression, insomnia or numbed feelings, regardless their frequency, showed significantly higher rates of emotional abuse as opposed to those without such feelings, $p<0.001$. Similarly, women with history of somatic complaints, bad experience or avoidance of specific occasions, regardless their frequency, showed significantly higher rate of emotional abuse as opposed to those without these problems.

As shown in table 5, university educated women were less significantly exposed to physical abuse (14.1%) compared to less educated, $p=0.005$. Regarding marital status, divorced (58.3%) showed higher rate of physical abuse than married women (22.8%) or single women 926.7%), $p<0.05$. Women whose husbands were retired showed the highest rate of physical abuse (50%) while those whose husbands were professional workers showed the lowest rate of physical abuse (10%), $p<0.05$. Also table 4 showed that women who reported very good general health showed the lowest rate of physical abuse (13.5%) compared to 42.9% among those who reported very weak general health, $p=0.004$.

Table 4: Association between women's characteristics and emotional abuse.

	Emotional Abuse		χ^2 (p-value)
	No N=119 N (%)	Yes N=67 N (%)	
Demographic characteristics			
Age in years			
≤25 (n=73)	34 (46.6)	39 (53.4)	17.6 (<0.001)
26-35 (n=54)	44 (81.5)	10 (18.5)	
>35 (n=59)	41 (69.5)	18 (30.5)	
Educational level			
Illiterate (n=15)	12 (80.0)	3 (20.0)	8.7 (0.069)
Primary (n=6)	4 (66.7)	2 (33.3)	
Intermediate (n=25)	10 (40.0)	15 (60.0)	
Secondary (n=69)	44 (63.8)	25 (36.2)	
University (n=71)	49 (69.0)	22 (31.0)	
Residence			
Urban (n=182)	115 (63.2)	67(36.8)	0.164*
Rural (n=4)	4 (100)	0 (0)	
Housing			
Private (n=72)	51 (70.8)	21 (29.2)	2.4 (0.122)
Rented (n=114)	68 (59.6)	46 (40.4)	

Crowding index			
≤2 (n=138)	83 (60.1)	55 (39.9)	
>2 (n=48)	36 (75.0)	12 (25.0)	3.4 (0.065)
Marital status			
Single (n=45)	19 (42.2)	26 (57.8)	
Married (n=123)	92 (74.8)	31 (25.2)	
Divorced (n=12)	4 (33.3)	8 (66.7)	
Widowed (n=6)	4 (66.7)	2 (33.3)	20.4 (<0.001)
Job status			
House wife (n=97)	67 (69.1)	30 (30.9)	
Student (n=48)	22 (45.8)	26 (54.2)	
Professional (n=41)	30 (73.2)	11 (26.8)	9.5 (0.009)
Husband's job (n=135)			
Governmental employee (n=40)	31 (77.5)	9 (22.5)	
Retired (n=12)	4 (33.3)	8 (66.7)	
Professional (n=20)	17 (85.0)	3 (15.0)	
Military (n=18)	12 (66.7)	6 (33.3)	
Manual (n=45)	34 (75.6)	11 (24.4)	11.8 (0.019)
Physical and mental characteristics			
General health			
Vey weak (7)	4 (57.1)	3 (42.9)	
Somewhat weak (14)	6 (42.9)	8 (57.1)	
Somewhat good (76)	39 (51.3)	37 (48.7)	16.45 (0.001)
Vey good (89)	70 (78.7)	19 (21.3)	
Psychiatric or psychological consultation			
No (166)	113 (68.1)	53 (31.9)	
Yes, during the last year (11)	4 (36.4)	7 (63.6)	
Yes, before one year (9)	2 (22.2)	7 (77.8)	11.7 (0.003)
Anguish feeling			
No (72)	63 (87.5)	9 (12.5)	
Yes, a little (35)	25 (71.4)	10 (28.6)	
Yes, sometimes (57)	25 (43.9)	32 (56.1)	
Yes, most of the time (22)	6 (27.3)	16 (72.7)	41.0 (<0.001)
Depression feeling			
No (83)	71 (85.5)	12 (14.5)	
Yes, a little (39)	26 (66.7)	13 (33.3)	
Yes, sometimes (41)	14 (34.1)	27 (65.9)	
Yes, most of the time (23)	8 (34.8)	15 (65.2)	41.2 (<0.001)
Insomnia feeling			
No (67)	57 (85.1)	10 (14.9)	
Yes, a little (35)	23 (65.7)	12 (34.3)	
Yes, sometimes (53)	25 (47.2)	28 (52.8)	
Yes, most of the time (31)	14 (45.2)	17 (54.8)	24.2 (<0.001)
Somatic complaints			
No (44)	36 (81.8)	8 (18.2)	
Yes, a little (36)	19 (52.8)	17 (47.2)	
Yes, sometimes (81)	48 (59.3)	33 (40.7)	
Yes, most of the time (25)	16 (64.0)	9 (36.0)	8.8(0.032)
Bad experience			
No (106)	82 (77.4)	24 (22.6)	
Yes, a little (29)	16 (55.2)	13 (44.8)	
Yes, sometimes (35)	13 (37.1)	22 (62.9)	
Yes, most of the time (16)	8 (50.0)	8 (50.0)	21.5 (<0.001)
Avoidance of specific occasion			
No (100)	11 (81.0)	19 (19.0)	
Yes, a little (32)	18 (56.3)	14 (43.8)	
Yes, sometimes (33)	14 (42.4)	19 (57.6)	
Yes, most of the time (21)	6 (28.6)	15 (71.4)	31.5 (<0.001)
Numbed feeling			
No (113)	88 (77.9)	25 (22.1)	
Yes, a little (27)	15 (55.6)	12 (44.4)	
Yes, sometimes (29)	8 (27.6)	21 (72.4)	
Yes, most of the time (17)	8 (47.1)	9 (52.9)	29.1 (<0.001)

* Fisher exact test

Table 5: Association between women's characteristics and physical abuse.

Characteristics	Physical Abuse		χ^2 (p-value)
	No N=139 N (%)	Yes N=47 N (%)	
Demographic characteristics			
Age in years			
≤25 (n=73)	54 (74.0)	19 (26.0)	1.1 (0.577)
26-35 (n=54)	43 (79.6)	11 (20.4)	
>35 (n=59)	42 (71.2)	17 (28.8)	
Educational level			
Illiterate (n=15)	12 (80.0)	3 (20.0)	14.8 (0.005)
Primary (n=6)	4 (66.7)	2 (33.3)	
Intermediate (n=25)	12 (48.0)	13 (52.0)	
Secondary (n=69)	50 (72.5)	19 (27.5)	
University (n=71)	61 (85.9)	10 (14.1)	
Residence			
Urban (n=182)	135 (74.2)	47 (25.8)	0.308*
Rural (n=4)	4 (100)	0 (0)	
Housing			
Private (n=72)	59 (81.9)	13 (18.1)	3.2 (0.072)
Rented (n=114)	80 (70.2)	34 (29.8)	
Crowding index			
≤2 (n=138)	103 (74.6)	35 (25.4)	0.02 (0.960)
>2 (n=48)	36 (75.0)	12 (25.0)	
Marital status			
Single (n=45)	33 (73.3)	12 (26.7)	9.4 (0.024)
Married (n=123)	95 (77.2)	28 (22.8)	
Divorced (n=12)	5 (41.7)	7 (58.3)	
Widowed (n=6)	6 (100)	0 (0)	
Job status			
House wife (n=97)	68 (70.1)	29 (29.9)	2.7 (0.259)
Student (n=48)	37 (77.1)	11 (22.9)	
Professional (n=41)	34 (82.9)	7 (17.1)	
Husband's job (n=135)			
Governmental employee (n=40)	33 (82.5)	7 (17.5)	11.2 (0.025)
Retired (n=12)	6 (50.0)	6 (50.0)	
Professional (n=20)	18 (90.0)	2 (10.0)	
Military (n=18)	10 (55.6)	8 (44.4)	
Manual (n=45)	34 (75.6)	11 (24.4)	
Physical and mental characteristics			
General health			
Very weak (7)	4 (57.1)	3 (42.9)	13.2 (0.004)
Somewhat weak (14)	10 (71.4)	4 (28.6)	
Somewhat good (76)	48 (63.2)	28 (36.8)	
Very good (89)	77 (86.5)	12 (13.5)	
Psychiatric or psychological consultation			
No (166)	129 (77.7)	37 (22.3)	28.9 (<0.001)
Yes, during the last year (11)	10 (90.9)	1 (9.1)	
Yes, before one year (9)	0 (0)	9 (100)	
Anguish feeling			
No (72)	62 (86.1)	10 (13.9)	24.7 (<0.001)
Yes, a little (35)	31 (88.6)	4 (11.4)	
Yes, sometimes (57)	37 (64.9)	20 (35.1)	
Yes, most of the time (22)	9 (40.9)	13 (59.1)	
Depression feeling			
No (83)	75 (90.4)	8 (9.6)	22.6 (<0.001)
Yes, a little (39)	26 (66.7)	13 (33.3)	
Yes, sometimes (41)	27 (65.9)	14 (34.1)	
Yes, most of the time (23)	11 (47.8)	12 (52.2)	
Insomnia feeling			
No (67)	61 (91.0)	6 (9.0)	22.2 (<0.001)
Yes, a little (35)	27 (77.1)	8 (22.9)	
Yes, sometimes (53)	36 (67.9)	17 (32.1)	
Yes, most of the time (31)	15 (48.4)	16 (51.6)	

Somatic complaints			
No (44)	40 (90.9)	4 (9.1)	
Yes, a little (36)	21 (58.3)	15 (41.7)	
Yes, sometimes (81)	61 (75.3)	20 (24.7)	
Yes, most of the time (25)	17(68.0)	8 (32.0)	11.8 (0.008)
Bad experience			
No (106)	86 (81.1)	20 (18.9)	
Yes, a little (29)	25 (86.2)	4 (13.8)	
Yes, sometimes (35)	19 (54.3)	16 (45.7)	
Yes, most of the time (16)	9 (56.3)	7 (43.8)	15.0 (0.002)
Avoidance of specific occasion			
No (100)	84 (84.0)	16 (16.0)	
Yes, a little (32)	24 (75.0)	8 (25.0)	
Yes, sometimes (33)	16 (48.5)	17 (51.5)	
Yes, most of the time (21)	15 (71.4)	6 (28.6)	16.7 (0.001)

* Fisher exact test

Table 6: Association between women's characteristics and sexual abuse.

Characteristics	Sexual Abuse		χ^2 (p-value)
	No N=175 N (%)	Yes N=11 N (%)	
Demographic characteristics			
Age in years			
≤25 (n=73)	68 (93.2)	5 (6.8)	
26-35 (n=54)	51 (94.4)	3 (5.6)	
>35 (n=59)	56 (94.9)	3 (5.1)	0.2 (0.905)
Educational level			
Illiterate (n=15)	15 (100)	0 (0)	
Primary (n=6)	6 (100)	0 (0)	
Intermediate (n=25)	22 (88.0)	3 (12.0)	
Secondary (n=69)	62 (89.9)	7 (10.1)	
University (n=71)	70 (98.6)	1 (1.4)	4.6 (0.031)
Residence			
Urban (n=182)	171 (94.0)	11 (6.0)	
Rural (n=4)	4 (100)	0 (0)	0.782*
Housing			
Private (n=72)	72 (100)	0 (0)	
Rented (n=114)	103 (90.4)	11 (9.6)	7.4 (0.004)
Crowding index			
≤2 (n=138)	129 (93.5)	9 (6.5)	
>2 (n=48)	46 (95.8)	2 (4.2)	0.426*
Marital status			
Single (n=45)	40 (88.9)	5 (11.1)	
Married (n=123)	120 (97.6)	3 (2.4)	
Divorced (n=12)	9 (75.0)	3 (25.0)	
Widowed (n=6)	6 (100)	0 (0)	13.1 (0.004)
Job status			
House wife (n=97)	92 (94.8)	5 (5.2)	
Student (n=48)	43 (89.6)	5 (10.4)	
Professional (n=41)	40 (97.6)	1 (2.4)	2.7 (0.254)
Husband's job (n=135)			
Governmental employee (n=40)	40 (100)	0 (0)	
Retired (n=12)	12 (100)	0 (0)	
Professional (n=20)	20 (100)	0 (0)	
Military (n=18)	18 (100)	0 (0)	
Manual (n=45)	40 (88.9)	5 (11.1)	10.4 (0.034)
Physical and mental characteristics			
General health			
Vey weak (7)	7 (100)	0 (0)	
Somewhat weak (14)	14 (100)	0 (0)	
Somewhat good (76)	71 (93.4)	5 (6.6)	
Vey good (89)	83 (93.3)	6 (6.7)	1.5 (0.685)
Psychiatric or psychological consultation			
No (166)	160 (96.4)	6 (3.6)	
Yes, during the last year (11)	10 (90.9)	1(9.1)	
Yes, before one year (9)	5 (55.6)	4 (44.4)	25.8 (<0.001)

Anguish feeling			
No (72)	69 (95.8)	3 (4.2)	
Yes, a little (35)	33 (94.3)	2 (5.7)	
Yes, sometimes (57)	54 (94.7)	3 (5.3)	
Yes, most of the time (22)	19 (86.4)	3 (13.6)	2.8 (0.424)
Depression feeling			
No (83)	80 (96.4)	3 (3.6)	
Yes, a little (39)	37 (94.9)	2 (5.1)	
Yes, sometimes (41)	38 (92.7)	3 (7.3)	
Yes, most of the time (23)	20 (87.0)	3 (13.0)	3.1 (0.380)
Insomnia feeling			
No (67)	65 (97.0)	2 (3.0)	
Yes, a little (35)	32 (91.4)	3 (8.6)	
Yes, sometimes (53)	49 (92.5)	4 (7.5)	
Yes, most of the time (31)	29 (93.5)	2 (6.5)	1.7(0.626)
Somatic complaints			
No (44)	44 (100)	0 (0)	
Yes, a little (36)	33 (91.7)	3 (8.3)	
Yes, sometimes (81)	77 (95.1)	4 (4.9)	
Yes, most of the time (25)	21(84.0)	4 (16.0)	7.9 (0.049)
Bad experience			
No (106)	98 (92.5)	8 (7.5)	
Yes, a little (29)	27 (93.1)	2 (6.9)	
Yes, sometimes (35)	35 (100)	0 (0)	
Yes, most of the time (16)	15 (93.8)	1 (6.2)	2.8 (0.430)
Avoidance of specific occasion			
No (100)	92 (92.0)	8 (8.0)	
Yes, a little (32)	30 (93.8)	2 (6.2)	
Yes, sometimes (33)	32 (97.0)	1 (3.0)	
Yes, most of the time (21)	21 (100)	0 (0)	2.6 (0.457)

* Fisher exact test

Table 7: Association between women`s demographic characteristics and ever abuse.

Characteristics	Ever Abuse		χ^2 (p-value)
	No	Yes	
	N=107 N (%)	N=79 N (%)	
Demographic characteristics			
Age in years			
≤25 (n=73)	34 (46.6)	39 (53.4)	
26-35 (n=54)	38 (70.4)	16 (29.6)	
>35 (n=59)	35 (59.3)	24 (40.7)	7.3 (0.026)
Educational level			
Illiterate (n=15)	12 (80.0)	3 (20.0)	
Primary (n=6)	4 (66.7)	2 (33.3)	
Intermediate (n=25)	8 (32.0)	17 (68.0)	
Secondary (n=69)	34 (49.3)	35 (50.7)	
University (n=71)	49 (69.0)	22 (31.0)	15.7 (0.003)
Residence			
Urban (n=182)	103 (56.6)	79 (43.4)	
Rural (n=4)	4 (100)	0 (0)	0.107*
Housing			
Private (n=72)	49 (68.1)	23 (31.9)	
Rented (n=114)	58 (50.9)	56 (49.1)	5.3 (0.021)
Crowding index			
≤2 (n=138)	75 (54.3)	63 (45.7)	
>2 (n=48)	32 (66.7)	16 (33.3)	2.2 (0.137)
Marital status			
Single (n=45)	19 (42.2)	26 (57.8)	
Married (n=123)	82 (66.7)	41 (33.3)	
Divorced (n=12)	2 (16.7)	10 (83.3)	
Widowed (n=6)	4 (66.7)	2 (33.3)	16.9 (0.001)
Job status			
House wife (n=97)	55 (56.7)	42 (43.3)	
Student (n=48)	22 (45.8)	26 (54.2)	
Professional (n=41)	30 (73.2)	11 (26.8)	6.8 (0.033)

Husband's job (n=135)			
Governmental employee (n=40)	29 (72.5)	11 (27.5)	
Retired (n=12)	4 (33.3)	8 (66.7)	
Professional (n=20)	17 (85.0)	3 (15.0)	
Military (n=18)	10 (55.6)	8 (44.4)	
Manual (n=45)	26 (57.8)	19 (42.2)	11.3 (0.024)
Physical and mental characteristics			
General health			
Vey weak (7)	4 (57.1)	3 (42.9)	
Somewhat weak (14)	6 (42.9)	8 (57.1)	
Somewhat good (76)	33 (43.4)	43 (56.6)	
Vey good (89)	64 (71.9)	25 (28.1)	14.9 (0.002)
Psychiatric or psychological consultation			
No (166)	103 (62.0)	63 (38.0)	
Yes, during the last year (11)	4 (36.4)	7 (63.6)	
Yes, before one year (9)	0 (0)	9 (100)	15.6 (<0.001)
Anguish feeling			
No (72)	55 (76.4)	17 (23.6)	
Yes, a little (35)	25 (71.4)	10 (28.6)	
Yes, sometimes (57)	21 (36.8)	36 (63.2)	
Yes, most of the time (22)	6 (27.3)	16 (72.7)	31.5 (<0.001)
Depression feeling			
No (83)	65 (78.3)	18 (21.7)	
Yes, a little (39)	24 (61.5)	15 (5.1)	
Yes, sometimes (41)	12 (29.3)	29 (70.7)	
Yes, most of the time (23)	6 (26.1)	17 (73.9)	37.6 (<0.001)
Insomnia feeling			
No (67)	53 (79.1)	14 (20.9)	
Yes, a little (35)	23 (65.7)	12 (34.3)	
Yes, sometimes (53)	19 (35.8)	34 (64.2)	
Yes, most of the time (31)	12 (38.7)	19 (61.3)	28.4 (<0.001)
Somatic complaints			
No (44)	36 (81.8)	8 (18.2)	
Yes, a little (36)	17 (47.2)	19 (52.8)	
Yes, sometimes (81)	42 (51.9)	39 (48.1)	
Yes, most of the time (25)	12 (48.0)	13 (52.0)	14.2 (0.003)
Bad experience			
No (106)	74 (69.8)	32 (30.2)	
Yes, a little (29)	14 (48.3)	15 (51.7)	
Yes, sometimes (35)	13 (37.1)	22 (62.9)	
Yes, most of the time (16)	6 (37.5)	10 (62.5)	16.1 (0.001)
Avoidance of specific occasion			
No (100)	73 (73.0)	27 (27.0)	
Yes, a little (32)	18 (56.2)	14 (43.8)	
Yes, sometimes (33)	10 (30.3)	23 (69.7)	
Yes, most of the time (21)	6 (28.6)	15 (71.4)	27.1 (<0.001)

* Fisher exact test

Table 6 shows that more educated women were more significantly exposed to sexual abuse (10.1% of secondary school educated women) compared to less educated (0% for illiterate or primary educated women), $p<0.05$. Regarding housing, women who have rented houses showed higher rate of sexual abuse than those who have private houses (11% versus 0%), $p<0.001$. Divorced (25%) and single women (11.1%) reported higher significant rate of sexual abuse than married women (2.4%), $p<0.01$.

As shown in table 7, younger women (≤ 25 years) were more significantly likely to be ever abused (53.4%) compared to older, $p<0.05$. More educated women were significantly more likely to be ever abused, $p<0.01$. Regarding housing, women who have rented houses were more likely to be ever abused than those who have private houses, $p<0.05$. Regarding marital status, divorced (83.3%) and single women (57.8%) showed higher rate of being

ever abused than married and widowed women (33.3%), $p=0.001$. Students showed higher significant rate of ever abuse (54.2%) than house wives (43.3%) or professional women (26.8%), $p<0.05$.

None of the ever abused women complain to police or family protection unit.

DISCUSSION

In the present study, more than 42% of women had been ever abused. Across the study sites in the WHO study, between 15% and 71% of ever-partnered women reported physical or sexual violence, or both at some point in their lives. Most sites reported prevalence rates between 30% and 60%. Between 4% and 54% of women reported physical or sexual violence, or both with most estimates falling between 15% and 30%.¹⁰ Although the study data

cannot be generalized to all Saudi women, the study does represent a valuable group of women who attend PHCCs in Al-Madina Al Monawara. Primary healthcare clinics were chosen for this study because it is expected that these are the places where women report these incidents to their physicians.

The prevalence of physical, sexual and emotional abuse in our study relates to wives being ill-treated mostly by husbands, ex-husbands, brothers, parents or fiends whereas most such research in West countries relates to acts of abuse by an "intimate partner", which includes the spouse, ex-spouse, current/former boyfriend or current/former dating partner.⁴ Hence, comparisons of our data with these series should be viewed in the light of this difference. Nevertheless, comparison of Saudi data with that of other countries reflects the extent of the problem in intimate relationships in populations with different socio-cultural customs.

The prevalence of physical abuse during the last 12 months (25.3%) among Saudi women attended PHCCs in the current study is almost the same with that has been previously reported in a study done on women visited PHCCs in Al-Madina Al Monawara (25.7%)¹¹ and in Syrian Arab Republic (26%),¹² and slightly lower than that has been reported in Egypt (30%),¹³ and much higher than that reported by women referred to gynaecology clinics in five Nordic countries (3.9%),¹⁴ at community hospital emergency departments in the USA (14.4%)¹⁵ and in a community survey of Norwegian women (18%).¹⁶ On the other hand, it is lower than figures reported for physical wife abuse in small-scale studies conducted in north India (42%–76%) and Sri Lanka (60%).¹⁷ A variation in the prevalence of physical abuse found between these international studies and the current study can be explained by differences in the study settings, study design and characteristics of the population.

Although the study population was from a health care setting and some patients would be too ill for interview, have urgent child/family care responsibilities or have husbands or male family members waiting to take them home, a valuable response rate was obtained (93%). Tashkandi reported a response rate lower to this study (67.5%), who investigated physical and emotional wife abuse experienced by ever-married Saudi women, attended PHCCs in Mdina city.¹¹ This difference could be attributed to the personal effort to explain the importance of the study to women and encourage them to explore more their internal feelings.

Our study showed that deterioration of mental health as evidenced by anguish, depression, insomnia and number feelings was significantly association with various types of abuse among women. This is in accordance with other studied.^{18,19} In addition, studies conducted in Pakistan,²⁰ Ethiopia,²¹ Victoria and Australia²² confirmed the relationship between depression and physical abuse. It is not possible to establish a temporal relationship in our study, it can't determine whether depression was actually preceded or followed by the abuse.

The most important findings from this study confirm that domestic abuse of women is associated with negative health outcomes. Findings similar to these have been consistently replicated in other Middle East and Western culture abuse studies.^{23,24} Unfortunately, most of the women may not consider mild physical illness as part of the abuse, and they may endure it in silence. They will not approach the health care system as an abuse victim since abuse is often an accepted situation in our culture. It has been widely recognized that violence against women occurs in the

context in which various individual as well as socio-cultural, economic and political factors operating at multiple levels interact, driven by several sets of theories that affect the outcome of interest. Based on these findings, the current study identified significant factors associated with women's experience of physical, emotional, sexual as well as ever abuse. Some studies have found a positive association between women's age and experience of abuse. The finding has been interpreted to mean that women gain more control over their decision-making processes when they become older and that age influences spousal relationship.²⁵ The results of the present study support such a relationship between women's age and ever abuse. In the present study out of 59 females over 35 years, 40.7% reported ever abuse. A study done in Tanzania in 2005 it was observed that 50.5% women in 35-45 years age group experienced abuse mainly in the form of domestic violence.²⁶ Some studies found correlations between family incomes, level of education, employment, and marital status and domestic violence,²⁷⁻²⁹ but not others.³⁰ In our study, the only significant factor for all forms of women abuse was marital status as divorced women were more liable to emotional, physical, sexual and ever abuse.

Early identification of women abuse is necessary to improve the health care response of victims. The present study showed that a suboptimal percent of the abused women had informed this issue to somebody (should be her physician). To our experience, the most important barriers to communication were patients' opinions about the physician, such as lack of trust because physicians were "strangers/outside", lack of faith in their skills to deal with social problems and lack of rapport. These concerns could be valid, considering the current local situation of physicians and their training to deal with such issues. This cultural barrier was perhaps the reason for the reluctance of the abused women to discuss personal issues with doctors. Other patient barriers to not informing their physician included lack of privacy in crowded clinic settings and fear if husband or other family members were informed.

Conclusively, the results of the current study indicate that women abuse is a serious public health problem in a considerable sector of the Saudi women community, with deep and lasting consequences on their mental health as significant number of them suffered from anguish, depression and numbed feelings.

Limitations of this study included that the information on different forms of women abuse was self-reported by the women. Hence, the prevalence of abuse may be under- or overestimated due to cultural bias in disclosure. It is possible that traumatic events were under-reported because of social desirability bias or benevolence of the victims for the perpetrator of abuse. If such was the case, the prevalence rates of abuse in this study may have been slightly underestimated. It was difficult to validate the responses of the women since their husbands or family members were not interviewed at the same time. As per World Health Organization recommendations it is not appropriate to interview husbands at the time of the study for safety considerations for the victims as well as the interviewer.³¹ In our study, husbands and/or ex-husbands were responsible for a considerable portion of different forms of women abuse. Another limitation of this cross-sectional study could be the recall bias in retrospective reporting of abusive events that occurred in the past year or during the lifetime of victims.

REFERENCES

1. UN Women. Committee on the Elimination of Discrimination against Women. 1992. General recommendation no 19: Violence against women 200. Accessed 14 Feb 2011. Available from: <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom19>.
2. ASSEMBLY UNG. Declaration on the elimination of violence against women. Proceedings of the 85th Plenary Meeting, Geneva, 1993. Last cited on December 20, 1993. Available at: <http://www.un.org/documents/ga/res/48/a48r104.htm>.
3. Coomaraswamy R. Further Promotion and Encouragement of Human Rights and Fundamental Freedoms. United Nations Economic and Social Council, 1996. Last cited on May 11, 1997. Available at: <http://repository.un.org/handle/11176/187102>.
4. Saltzman LE, Saltzman LE, Fanslow JL, McMahon PM, Shelley GA. Intimate partner violence surveillance: uniform definitions and recommended data elements. Atlanta, Georgia, National Center for Injury Prevention and Control, 2015. Last cited on March 1, 2015. Available at: <https://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf>.
5. Krug EG DL, Mercy JA, Zwi AB, Lozano R. Violence by intimate partners In World Report on Violence and Health, Geneva: WHO. 2002:89-121.
6. Mazza D, Dennerstein L, Ryan V. Physical, sexual and emotional violence against women: a general practice-based prevalence study. *The Medical journal of Australia*. 1996;164(1):14-7.
7. Golding J. Intimate partner violence as a risk factor for mental disorders: a meta-analysis. *J Fam Violence* 1999;14: 99-132
8. Online Roasoft sample size calculator. Available at: <http://www.roasoft.com/samplesize.html>.
9. Swahnberg IM, Wijma B. The NorVold Abuse Questionnaire (NorAQ): validation of new measures of emotional, physical, and sexual abuse, and abuse in the health care system among women. *European journal of public health*. 2003;13(4):361-6.
10. Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet*. 2006; 368: 1260–1269.
11. Tashkandi AA, Rasheed P. Wife abuse: a hidden problem. A study among Saudi women attending PHC centers. *EMHJ* 2009; 15(5):1242-1253.
12. Maziak W, Asfar T. Physical abuse in low-income women in Aleppo, Syria. *Health care for women international*. 2003; 24(4): 313-26.
13. Bosobon B. Abuse against wives and its effect on a child's behavior]. Paper presented at the Conference on Child Protection against Ill Treatment and Ignorance through Family Protection and Illustrating Laws, Bahrain, 20–22 October 2001 [in Arabic].
14. Wijma B, Schei B, Swahnberg K, Hilden M, Offerdal K, Pikarinen U, et al. Emotional, physical and sexual abuse in patients visiting gynecology clinics: a Nordic cross-sectional study. *Lancet* 2003; 361: 2107-12
15. Dearwater SR, Coben JH, Campbell JC, Nah G, Glass N, Elizabeth McLoughlin E, et al. Prevalence of intimate partner abuse in women treated at community hospital emergency departments. *Journal of the American Medical Association*, 1998, 280:433–8.
16. Schei B, Bakketeig LS. Gynaecological. impact of sexual and physical abuse by spouse. A study of a random sample of Norwegian women. *British journal of obstetrics and gynaecology*, 1989, 96:1379–83.
17. Women's health status: violence against women, Chapter 6. In: *Women of South-East Asia: a health profile*. New Delhi, World Health Organization Regional Office for South-East Asia, 2000.
18. Hegarty K, Gunn J, Chondros P, Small R. Association between depression and abuse by partners of women attending general practice: descriptive, cross sectional survey. *BMJ*. 2004; 328:621–4.
19. Houry D, Schultz RM, Rhodes K, Kellermann AL, Kaslow NJ. Mental health symptoms and intimate partner violence. *Acad Emerg Med*. 2005; 12(Suppl 1):141.
20. Faridah AA, Syed MI, Badar SA, Naveed ZJ. Association of various reproductive rights, domestic violence and marital rape with depression among Pakistani women. *BMC Psychiatry* 2009; 9:77
21. Deyessa N, Berhane Y, Alem A, Ellsberg M, Emmelin M, Hogberg U, Kullgren G. Intimate. Partner violence and depression among women in rural Ethiopia: a cross-sectional study. *CP & EMH* 2009; 5:8.
22. Hegarty K, Gunn J, Chondros P, Small R. Association between depression and abuse by partners of women attending general practice. *BMJ* 2004; 328:621-624
23. Btoush R, Haj-Yahia. Attitudes of Jordanian society toward wife abuse. *J Interpersonal Violence*. 2008;23(11):1531–1554.
24. Haj-Yahia M. Wife abuse and battering in socio cultural context of Arab society. *Family Process*. 2002;39(2):237–255.
25. Panda PK Domestic Violence against women in Kerala, Published by Kerala Research Programme on local level Development, Centre for Development studies, 2007
26. Laura AM, Corrine W and Ulla L.: Gender inequality and intimate partners violence among women in Moshi, Tanzania: *International Family Planning Perspective*. 2005; 31(3):124-130.
27. Vest JR, Catlin TK, Chen JJ, Brownson RC. Multistate analysis of factors associated with intimate partner violence. *Am J Prev Med*. 2002;22:156–64.
28. McCloskey LA, Lichter E, Ganz ML, Williams CM, Gerber MR, Sege R, et al. Intimate partner violence and patient screening across medical specialties. *Acad Emerg Med*. 2005; 12:712–22.
29. Avdibegović E, Osman Sinanović O. Consequences of Domestic Violence on Women's Mental Health in Bosnia and Herzegovina. *Croat Med J*. 2006; 47(5): 730–741.
30. Ellsberg M, Liljestrand J, Winkvist A. The Nicaraguan network of women against violence: Using research and action for change. *Reproductive Health Matters* 1997 Nov; 5(10):82-92.
31. Putting women's safety first: ethical and safety recommendations for research on domestic violence against women. Geneva, World Health Organization, 1999:13. Last cited on October 6, 2001. Available at: <http://www.who.int/gender/violence/womenfirtseng.pdf>.

Source of Support: Nil. **Conflict of Interest:** None Declared.

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Cite this article as: Sahar Ali Sari, Amal Mohammed Qasem Surrati, Samah Omar alfahl. Domestic Violence: Prevalence among Saudi Women Attending Primary Health Care Centers in Al-Madina Al Monawara City, 2012. *Int J Med Res Prof*. 2016; 2(6):18-28. DOI:10.21276/ijmrp.2016.2.6.004