

# Attitudes toward Domestic Violence against Women in Baghdad City

Aysen Kamal Mohammed Noori<sup>1</sup>, Abbas Lateef Muhe-Aldeen<sup>2</sup>

Lecturer- -PhD. Community Health Nursing / University of Baghdad – College of Nursing /Baghdad – Iraq<sup>1</sup>

Lecturer- MSc. Psychiatric & Mental Health Nursing/ University of Kirkuk/ College of Nursing / Kirkuk – Iraq<sup>2</sup>



---

**Keywords:**

Attitude, Domestic Violence, Women

---

**ABSTRACT**

Violence against women is a violation of human rights based on gender discrimination. The violence has severe health consequences for the affected; it is a social problem that warrants an immediate coordinated response from multiple sectors. It can be seen in any segment of society and every individual regardless of culture, education level, income, social class, ethnicity or age. The aim of study is to assess the attitudes of women towards domestic violence. A descriptive (cross-sectional) design study was chosen to fulfill the objectives of this research which is conducted at the period from 1<sup>st</sup> of August 2020 to 1<sup>st</sup> of June, 2021. The study sample consists of (100) women who are exposed to domestic violence and agree to answer questionnaire. The questionnaire data was filled by the researcher by face-to-face (interview) in primary healthcare centers in Baghdad city. The data were collected and analyzed through the application of descriptive statistical data analysis of (frequency, percentage) and inferential statistics (Chi-Square) were applied. The results of the study showed that the highest percentage (31.0%) of women within aged group (20-30years), (36.0%) of them married and (33.0%) was divorced, (27.0%) of the sample graduated from high school, regarding to do you have a job (63.0%) no have job, (53.0%) of the sample was owner housing, nucleus family type (55.0%), barely sufficient in socioeconomic status (46.0%). The study concluded that the attitudes towards violence against women were found to be more positive in women, domestic violence experienced by women, particularly at the hand of the husband, the domestic violence against woman is impose opinion, the beating is a forms of violence that women face, hitting of woman used different way violence, The family disagreements is the reasons that made the man hit the woman. The study recommended routine screening for women for any type of domestic violence during fertile age. Also using mass media, availability of health services and support and enhance cooperation between health centers, social agencies, justice and police with enforcing laws and search for promoting and protecting women's rights.



This work is licensed under a Creative Commons Attribution Non-Commercial 4.0 International License.

World Health Organization (WHO) has defined domestic violence as “the range of sexually, psychologically, and physically coercive acts used against adult and adolescent women by current or former male intimate partners [1]. Violence against women is a violation of human rights based on gender discrimination. Around the world, violence against women is accepted as a social problem, the importance of which increases daily [2]. It can be seen in any segment of society and every individual regardless of culture, education level, income, social class, ethnicity or age [3]. Domestic violence is threatening behavior, violence, or abuse between adults who are, or have been, intimate partners or family members. Such abuse may take various forms, including physical violence (slaps, punches, kicks, assaults with a weapon, choking, homicide), sexual violence (rape or forced participation in sexual acts), emotionally abusive behaviors (stalking, surveillance, threats, preventing contact with family and friends, ongoing belittlement or humiliation, intimidation), economic restrictions (preventing outside working, confiscating earnings, restricting access to funds), and other controlling behaviors [4]. Domestic violence is a common worldwide phenomenon. Both women and men experience domestic violence but the prevalence and impact, particularly of sexual and severe physical violence, is higher among women [5]. The prevalence of domestic violence among women seeking health care is higher than in the general population [6].

Women experiencing abuse have frequent contact with primary care clinicians, [6] and consider it appropriate to be asked about domestic violence by doctors and nurses. They also identify healthcare professionals as potential sources of support if this is delivered in a non-judgmental and non-directive manner, and an appreciation of the complexity of domestic violence is shown [7]. Historically, however, the quality of care for women experiencing abuse has been poor worldwide. Many clinicians agree that domestic violence is a healthcare issue, but often they are reluctant to ask about abuse or do not respond appropriately if domestic violence is disclosed. Such ambivalence is attributed to a number of factors but most frequently cited are a lack of domestic violence knowledge and training, and a perceived lack of time and support resources [8]. Chronic physical and mental health problems are common sequelae of domestic violence [4] with many domestic violence survivors reporting that it is the psychological abuse, rather than the physical violence, which has the most long-lasting adverse effects on their wellbeing. In comparison with non-abused women, those who have experienced domestic violence have higher incidences of gynecological disorders, chronic pain, neurological symptoms, gastrointestinal disorders, [5] and self-reported heart disease. Likewise, women experiencing abuse more often present with persistent post-traumatic stress disorder, depression, anxiety, suicidal ideation, and substance misuse.

Domestic violence against women is a serious public health concern in every community and culture. It has drawn attention from the medical community because it has a negative and harmful impact on the mental, physical, and social health of women. The importance of this study is to assess the attitudes of women towards domestic violence.

## **2. METHODOLOGY**

### ***2.1 Design of the Study***

A descriptive (cross-sectional) design study is carried out at model primary health care centers in the health sector of Al-Rusafa and Al-Karkh in Baghdad City; which performed by using descriptive design with application of assessment approach for the study group, which is conducted at the period from 1<sup>st</sup> of August 2020 to 1<sup>st</sup> of June, 2021. A purposive "non-probability" sample of (100) female participants, (25) women in Karkh/1, (25) women in Karkh/2, (25) women in Risafa /1 and (25) women in Risafa/2. The data were collected through the use of the interview (face to face) with the study sample.

## 2.2 Ethical Consideration

Permission has been obtained from Al-Risafa Health Sector and Al-Karkh Health Sector and primary health care centers in Baghdad City. Full consent should be obtained from the participants prior to the study. Protection of the privacy of research participants has to be ensured.

## 2.3 Study instrument

A questionnaire was designed and constructed by the researchers to measure the variable underlying the study. In order to construct the questionnaire, such construction was employed through review of literature and related studies. The questionnaire consisted of three parts:

- Socio-demographic characteristics: Assessment of the subject's characteristics that is consist of (3) items that include age, marital status and educational level.
- Assessment the domestic violence faced the women: attitude towards domestic violence which consist of (15) items. Violence against Woman (5 items), Forms of violence that Women face (7 items), Carrying out violent behavior (3 items)
- Assessment of Attitude towards domestic violence: which include domestic violence experienced by women, forms of violence that women face, hitting of woman used violence, reasons that made the man hit the woman, methods of punishment, the react behavior of violence, and role of women in confronting against violence.

## 2.4 Statistical analysis

Data were analyzed by using the Statistical Package for the Social Sciences (SPSS) version (23). Descriptive statistical measures (Frequency, Percentage, and Mean), and inferential statistics (Chi-Square) were applied.

## 3. Results

**Table (1):** Distribution of the Study Sample According to the Socio- Demographical Characteristic:

Socio demographical characteristics		Frequency (f)	Percent (%)
Woman age	20-30 year	31	31.0
	30-35 year	24	24.0
	40-45 year	28	28.0
	45-50 year	17	17.0
<b>Total</b>		<b>100</b>	<b>100</b>
Marital status	Married	36	36.0
	Widow	18	18.0
	Divorced	33	33.0
	Single	13	13.0
<b>Total</b>		<b>100</b>	<b>100.0</b>
Level of Education	Illiterate	13	13.0
	Primary school graduate	14	14.0
	Middle school graduated	21	21.0
	High school graduate	27	27.0
	Institute graduate	21	21.0
	Bachelor degree	4	4.0
<b>Total</b>		<b>100</b>	<b>100.0</b>
Do you have a job	Yes	37	37.0
	No	63	63.0

<b>Total</b>		<b>100</b>	<b>100.0</b>
Ownership of the house	The Owner	53	53.0
	The Rent	47	47.0
<b>Total</b>		<b>100</b>	<b>100.0</b>
Family type	Extended family	45	45.0
	Nuclear family	55	55.0
<b>Total</b>		<b>100</b>	<b>100.0</b>
Socioeconomic Status(SES)	Sufficient	30	30.0
	Barely Sufficient	46	46.0
	Insufficient	24	24.0
<b>Total</b>		<b>100</b>	<b>100.0</b>

The table (1) show that the majority of the women (31.0%) aged group (20-30years), (36.0%) of them married and (33.0%) was divorced, (27.0%) of the sample graduated from high school, regarding to do you have a job (63.0%) no have job, (53.0%) of the sample was owner housing, nucleus family type (55.0%), barely sufficient in socioeconomic status (46.0%).

**Table (2):** Frequency and percentage of sample study according to domestic violence against woman

<b>Violence against woman</b>	<b>Frequency (f)</b>	<b>Percent (%)</b>
Beating for no reason	17	17.0
Revenge	18	18.0
Difficulty in Handling	26	26.0
Impose opinion	<b>36</b>	<b>36.0</b>
Other than that	3	3.0
<b>Total</b>	<b>100</b>	<b>100.0</b>
<b>Chi-Square <math>-\chi^2 = (9.262)</math></b>	<b>P. value <math>\leq 0.01</math>) - Highly Significant.</b>	

The table (2) shows that the highest percentage in the item (impose opinion) which constitute (36.0%). Also there is a difference between percentages of violence against woman at P. value  $\leq 0.01$ .

**Table (3):** Frequency and percentage of sample study according to what are the forms of violence that women face

<b>Forms of violence that women face</b>	<b>Frequency (f)</b>	<b>Percent (%)</b>
The kill	2	2.0
Beating	<b>30</b>	<b>30.0</b>
The irony	17	17.0
Treason	15	15.0
Abandonment	11	11.0
Deprivation of the most basic rights	24	24.0
<b>Total</b>	<b>100</b>	<b>100.0</b>
<b>Chi-Square <math>-\chi^2 = (8.722)</math></b>	<b>P. value <math>\leq 0.01</math>) – Highly Significant.</b>	

The table (3) shows that the highest percentage in the item (Beating) which constitute (30.0%). Also there is a difference between percentages of forms of violence that women faced at P. value  $\leq 0.01$ .

**Table (4):** Frequency and percentage of sample study according to carrying out violent behavior

Carrying out violent behavior	Frequency ( <i>f</i> )	Percent (%)
Father	10	10.0
Husband	<b>58</b>	<b>58.0</b>
Son	7	7.0
Brother	25	25.0
<b>Total</b>	<b>100</b>	<b>100 .0</b>
<b>Chi-Square <math>-\chi^2 = (11.384)</math></b>	<b>P. value <math>\leq 0.01</math> – Highly Significant.</b>	

The table (4) shows that the highest percentage in the item (Husband) which constitute (58.0%). Also there is a difference between percentages of carrying out violent behavior at P. value  $\leq 0.01$ .

**Table (5):** Frequency and percentage of sample study according to what is the method used by hitting.

What is the method used by hitting	Frequency ( <i>f</i> )	Percent (%)
A stick	48	48.0
Another way	<b>52</b>	<b>52.0</b>
<b>Total</b>	<b>100</b>	<b>100 .0</b>
<b>Chi-Square <math>-\chi^2 = (0.672)</math></b>	<b>P. value <math>\leq 0.01</math> – Non Significant.</b>	

The table (5) shows that the highest percentage in the item (Another way) which constitute (52.0%). Also there is no difference between percentages of method used by hitting at P. value  $\leq 0.01$ .

**Table (6):** Frequency and percentage of sample study according to what are the reasons that made the man hit the woman

What are the reasons that made the man hit the woman	Frequency ( <i>f</i> )	Percent (%)
Financial reasons	20	20.0
Family disagreements	<b>35</b>	<b>35.0</b>
The pressures of life	30	30.0
Other reasons	15	15.0
<b>Total</b>	<b>100</b>	<b>100 .0</b>
<b>Chi-Square <math>-\chi^2 = (5.239)</math></b>	<b>P. value <math>\leq 0.01</math> – Significant.</b>	

The table (6) shows that the highest percentage in the item (Family disagreements) which constitute (35.0%). Also there is a difference between percentages of reasons that made the man hit the woman at P. value  $\leq 0.01$ .

**Table (7):** Frequency and Percentage of sample study according to what are the methods of punishment practiced violence against women

Methods of Punishment	Frequency	Percent
-----------------------	-----------	---------

	<i>(f)</i>	<i>(%)</i>
Advice	14	14.0
Deprivation	28	28.0
Confinement in the home	26	26.0
Other reasons	<b>32</b>	<b>32.0</b>
<b>Total</b>	<b>100</b>	<b>100 .0</b>
<b>Chi-Square <math>-\chi^2 = (4.761)</math></b>	<b>P. value <math>\leq 0.05</math>) – Significant.</b>	

The table (7) shows that the highest percentage in the item (other reasons) which constitute (32.0%). Also there is a difference between percentages of methods of punishment at P. value  $\leq 0.01$ .

**Table (8):** Frequency and percentage of sample study according to if you were hit, how you would react to this behavior.

<b>If you were hit, how would you react to this behavior</b>	<b>Frequency <i>(f)</i></b>	<b>Percent <i>(%)</i></b>
Resorting to the family	<b>49</b>	<b>49.0</b>
Resorting to the Courts	22	22.0
Other actions	29	29.0
<b>Total</b>	<b>100</b>	<b>100 .0</b>
<b>Chi-Square <math>-\chi^2 = (8.794)</math></b>	<b>P. value <math>\leq 0.01</math>) – Highly Significant.</b>	

The table (8) shows that the highest percentage in the item (Resorting to the family) which constitute (49.0%). Also there is a difference between percentages of how would you react with hit at P. value  $\leq 0.01$ .

**Table (9):** Frequency and Percentage of sample study according to their associations that have a role in confronting violence against women

<b>Are there associations that have a role in confronting violence against women</b>	<b>Frequency <i>(f)</i></b>	<b>Percent <i>(%)</i></b>
Yes	30	30.0
No	70	70.0
<b>Total</b>	<b>100</b>	<b>100 .0</b>
<b>Chi-Square <math>-\chi^2 = (9.504)</math></b>	<b>P. value <math>\leq 0.01</math>) – Highly Significant.</b>	

The table (9) shows that the highest percentage in the item (No) which constitute (70.0%). Also there is a difference between percentages of there is no a role of women in confronting against violence.at P. value  $\leq 0.01$ .

#### 4. DISCUSSION

This study shows the attitudes towards violence against women were found to be more positive in women. Similar study conducted by Kocacik and Dogan reported that the prevalence of physical violence was 38.3% in the Sivas province of Turkey [12]. Another study conducted in rural Bangladesh by showed that 67% of

the women had ever experienced domestic violence and 35% had done so in the past year [13]. Among the socio-demographic variables, age, educational and marital status are significantly associated with the domestic violence in this study. It was observed that the females in 20-30 years age group (31%) and 40-45 years age group (28%) were highly exposed to domestic violence. Maximum prevalence was observed among the high school graduated (27%), followed by middle school graduated and institute (21%). married females (36%) and divorced females (33%) were more exposed to domestic violence than unmarried (13%). Association is found with in items of violence among study sample. In this study shows the barely sufficient in socioeconomic status (46.0%) is more prevalent among study sample. In a similar study done in the Sivas province of Turkey, families with low-income level showed a higher rate of violence and the rate of domestic violence decreased as the annual income level increased, [12] whereas the present study does not support this finding. It was observed in this study that the most frequent rate of violence reported by the females (31.0%) was few times in the last year. However, the study by Kocacik and Dogan showed that 45.2% of the women had been exposed to violence several times in a month [12].

The present study shows that the husbands were the perpetrators in case of most of the females, reported that the perpetrators were impose opinion(36%) during the act of violence, difficulty in handling (26%) reported by most of the females as the specific act of violence. Revenge (18%) and Beating for no reason (17%) also reported by the women. the study is different that study conducted previously, the violence act by Slapping was reported by most of the females as the specific act of physical assault (72.73%). Another study conducted by [14] in rural Gujarat showed that slapping (80%), kicking/punching/hitting with an object (74%), pulling by the hair/dragging (27%) and forced sex (27%) were the types of reported physical abuse. The victims were mostly wives (78%) and the perpetrators were their husbands. Frequent physical violence was much less reported than verbal and psychological harassments [12].

In the present study the economic is not prevalent in domestic violence, while the Family disagreements and the pressures of life were reported as the most prevalent causes of violence in our study. That is disagreeing with the study conducted by economic problems were reported as the most important reason for domestic violence (31.4%) [12]. In this study, (70%) of women reported that they not a role of women in confronting against violence. This study is agree with study conducted a 44.68% females reported that they should revolt to cope with the act of violence and 40.43% reported that they should tolerate this. Another study conducted in rural Gujarat showed that women also shared the notion that husbands have the right to ‘discipline’ their wives by using force. Majority of the men (72%) as well as women (79%) said that the wife should always follow her husband’s and in-laws’ instructions and be obedient [14].

Most of the females in this study reported that opportunity of education, being economically productive and better family income would help them to overcome the situation. The findings can be explained by the concept of violence in culture, where violence against women is tolerated and considered as a means of discipline or punishment. It is a common thing for most men to speak rudely and act aggressively. Most probably, women do not protest or retaliate against the harassments, out of their concerns for social prestige. Lack of education and economic independence often make them less confident to disclose their problems freely without any hesitation.

## 5. CONCLUSIONS

The study concluded that the attitudes towards violence against women were found to be more positive in women, domestic violence experienced by women, particularly at the hand of the husband, represents a unique aspect of the wider social problem of violence, the domestic violence against woman is impose opinion, the beating is a forms of violence that women face, hitting of woman used different way violence,

The family disagreements is the reasons that made the man hit the woman, the methods of punishment practiced violence against women is other reason, the react behavior of violence is resorting to the family, finally There is no a role of women in confronting against violence.

## 6. RECOMMENDATIONS

The study recommended routine screening for women for any type of domestic violence during fertile age. Also using mass media, availability of health services and support and enhance cooperation between health centers, social agencies, justice and police with enforcing laws and search for promoting and protecting women's rights. It is necessary to raise social awareness on the issues of gender equality and violence against women to eliminate the negative attitudes and behaviors that create and reinforce violence against women. Furthermore, educating women and their spouses can be useful in preventing violence.

## 7. REFERENCES

- [1] WHO. (2009). Violence against women. WHO Fact sheet No.239; <http://www.who.int/mediacentre/factsheets/fs239/en/>.
- [2] Ozturk GZ and Toprak D. The knowledge attitudes and behaviors of female health workers, about violence against women. *Konuralp Medical Journal* 2017; 9(1): 58-62.
- [3] Alan H, Yilmaz SD, Filiz E and Arioz A. Domestic violence awareness and prevention among married women in central Anatolia. *Journal of Family Violence* 2016; 31(6): 711-719.
- [4] Watts C, Zimmerman C (2002) Violence against women: global scope and magnitude. *Lancet* 359(9313):1232–1237.
- [5] Smith K, Flatley J, Coleman K, et al. Roe S (2010) in Homicides, firearms offences, and intimate violence 2008/09. Supplementary volume 2 to Crime in England and Wales 2008/09, Intimate violence: 2008/09 BCS, eds Smith K, Flatley J, Coleman K, et al.
- [6] Feder G, Ramsay J, Dunne D, et al. (2009) What is the prevalence of partner violence against women and its impact on health. How far does screening women for domestic (partner) violence in different health-care settings meet criteria for a screening programme? Systematic reviews of nine UK National Screening Committee criteria. *Health Technol Assess* 13(16):17–27.
- [7] Plichta SB (2007) Interactions between victims of intimate partner violence against women and the health care system: policy and practice implications. *Trauma Violence Abuse* 8(2):226–239.
- [8] Feder G, Hutson M, Ramsay J, Taket A (2006) Women exposed to intimate partner violence. Expectations and experiences when they encounter health care professionals: A meta-analysis of qualitative studies. *Arch Intern Med* 166(1):22–37.
- [9] Hamberger LK (2007) Preparing the next generation of physicians: medical school and residency-based intimate partner curriculum and evaluation. *Trauma Violence Abuse* 8(2):214–225.
- [10] Ellsberg M, Jansen HA, Heise L, et al. (2008) Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *Lancet* 371(9619):1165–1172.

- [11] Bonomi AE, Anderson ML, Reid RJ, et al. (2009) Medical and psychosocial diagnoses in women with a history of intimate partner violence. *Arch Intern Med* 169(18):1692–1697.
- [12] Kocacik F, Dogan O. Domestic violence against women in Sivas, Turkey: Survey study. *Croat Med J.* 2006;47:742–9.
- [13] Bates LM, Schuler SR, Islam F, Islam MK. Socio-economic factors and processes associated with domestic violence in rural Bangladesh. *Int Fam Plan Perspect.* 2004;30:190–9.
- [14] Nair U, Sadhwani H, Uttekar V. CRDC Research Summary. Baroda: Centre for Research in Development and Change; 2000. A study on domestic violence in rural Gujarat.