

Intimate Partner Physical Violence Experiences of Saudi Arabian Women



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ABSTRACT

Intimate partner physical violence against women (IPPVAW) is a serious public health concern with global implications. The Ecological Model provides a comprehensive framework for the investigation of factors associated with IPPVAW. Studies addressing IPPVAW in Saudi Arabia are limited and have not explored risk and protective factors for IPPVAW. Our study aimed to investigate the association of personal, interpersonal, community, and societal factors with IPPVAW, as well as perceived health outcomes.

Methods: Cross-sectional study design in six PHC's in Jeddah city. Convenience sampling was used to recruit 200 ever-married Saudi women. We used structured personal interviews to explore IPPVAW-related factors using an adapted version of WHO VAW survey. Data were analyzed using univariate & bivariate analysis. Chi-Square, Mann-Whitney, Kruskal-Wallis, & BLR tests were used to measure the significance of IPPVAW association with the measured factors and adverse health effects, ϱ <0.05 was considered significant.

Results: Nearly 46% of women reported IPPVAW, while 18% of those reported IPPVAW-related injuries. Approximately, half of the women held traditional gender attitudes and agreed on a husband right to hit his wife in at least one condition. Husband's alcohol & drug use, increased marital conflict, male dominance, husband's unemployment, and husband's involvement in physical aggression with others were significantly associated with reported IPPVAW. Women who reported IPPVAW were more likely to report increased antidepressants use (OR 11.5) and more likely to think of suicide (OR 10.7) than women who did not report IPPVAW. Only 6.5% of women who reported IPPVAW-related injuries disclosed the reason of their injuries to a healthcare professional.

Conclusion: IPPVAW in Saudi Arabia requires better management in PHC settings to identify victims of abuse and to improve services provision.

INTRODUCTION

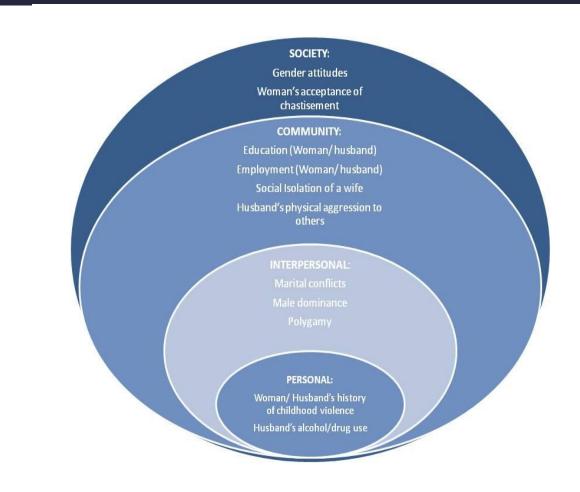
Intimate partner physical violence against women (IPPVAW) is prevalent in the Eastern Mediterranean (EM) region, ranging between 16% and 52%, compared with 1.3% to 12% in Europe and North America¹. The variation observed reflect not only the difference in methods and data collection but also the difference in the populations studied. Studies addressing IPPVAW in Saudi Arabia are limited with variable methodology and definitions used. Prevalence of IPPVAW in primary healthcare clinics (PHC's) settings ranged between 17.9% and 25.7% respectively ^{2, 3}. Spousal violence is embedded in the beliefs on gender roles. The ratio of Saudi men who supported the use of violence against women in case of misconduct was 52.7%, and 32% of men have actually used violence against their wives⁴. Heise (1998) suggested the use of an integrated, ecological framework to capture multiple levels of variables that influence the experience of intimate partner violence against women (IPV) (Figure -1-)⁵.

The Adverse Health Effects of IPPVAW

The health outcomes of IPPVAW are well-documented. Adverse health outcomes of IPPVAW range from temporary or direct effects to long term or indirect, prolonged effects⁶. The long term effects of violence range from lower health status, lower quality of life, and higher utilization of health services⁶. Annual increase of healthcare costs was found to be higher in women with a history of violence compared to women who did not report violence ^{7,8}.

Studies in EM region showed that women who were beaten were more likely to have unwanted or mistimed pregnancies, to commence antenatal care later, and to terminate a pregnancy. Infant and child mortality rates in children born to abused mothers are significantly higher compared to the mortality in children of non-abused mothers ⁹⁻¹¹. Mental health consequences, injuries, disability and death of abused women are well documented in several EM studies ¹²⁻¹⁴. In Saudi Arabia, IPPVAW resulted in mild and severe injuries, ranging from scratches and bruises to abortion and preterm labor ^{2,3,15}. This study aimed to explore the frequency of IPPVAW, the associated risk factors, and the adverse health outcomes in Saudi women within PHC's setting.

FIGURE 1: Ecological Model Factors & IPPVAW



OBJECTIVES

- To Estimate the incidence rates of IPPVAW in women frequenting PHC's
- To explore IPPVAW-injuries
- To Analyze the ecological framework factors associated with IPPVAW

METHODS

- The Study is cross-sectional, quantitative one in 6 PHC's
- 200 ever-married Saudi women were included
- Personal, structured interviews were conducted (WHO VAW 9.9 Survey)
- Physical violence construct showed a good reliability (Cronbach's $\alpha = 0.82$)
- Descriptive statistics, Chi-Square, non-parametric tests (Mann-Whitney & Kruskal Wallis), & BLR test were used to analyze data, $\varrho \le 0.05$ was considered significant

RESULTS

PERSONAL FACTORS:

Husband's history of a childhood abuse (*q*=0.048), Husband's alcohol use (*q*≤0.000),
& husband's drug use (*q*=0.001) were significantly associated with IPPVAW

INTERPERSONAL FACTORS:

• Increased marital conflicts ($\varrho \le 0.0000$) & male dominance ($\varrho \le 0.000$) were significantly associated with IPPVAW

COMMUNITY-RELATED FACTORS:

• Husband's unemployment (ϱ =0.008) & husbands aggression towards other men (ϱ =0.013) were significantly associated with IPPVAW

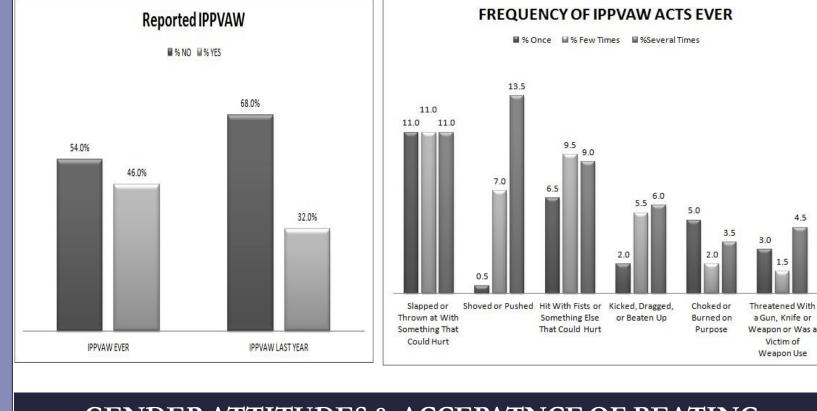
SOCIETAL FACTORS:

• Reported IPPVAW did not differ significantly in women based on gender attitudes and acceptance of physical chastisement.

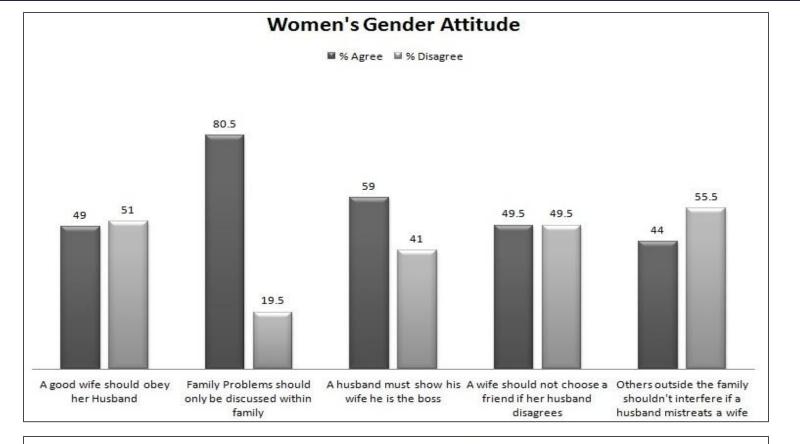
ADVERSE HEALTH EFFECTS ASSOSIATED WITH IPPVAW

- Perceived recent pain & discomfort (ϱ =0.046), antidepressants use (ϱ =0.009) & suicidal thoughts (ϱ ≤0.000) were significantly associated with reported IPPVAW
- Women who reported IPPVAW were more likely to report antidepressant use (OR=11.5) and suicidal thoughts (OR=10.7) than women who did not report IPPVAW
- Among women who reported IPPVAW, 18% sustained IPPVAW-related injuries
- A total of 16% women required medical attention out of 18% of women who reported IPPVAW
- Only 6.5% of women disclosed to a healthcare professional the cause of injuries

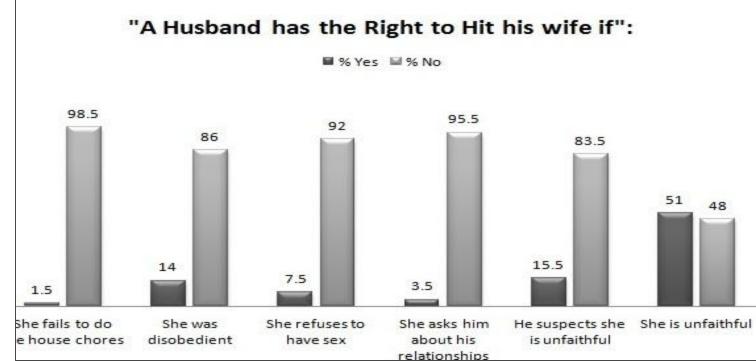
FREQUENCY OF IPPVAW & IPPVAW ACTS



GENDER ATTITUDES & ACCEPATNCE OF BEATING



Women's Acceptance of Beating



CONCLUSION

- IPPVAW was prevalent in our study & rates were similar to reported rates in EM regional studies
- Husband's-related factors were significantly associated with IPPVAW than those related to women at all measured levels of the ecological model
- Most women were unemployed (75%) and dependant on husbands, which explained the significant effect of male dominance in reported IPPVAW
- Most women (80.5%) believed in family privacy, which may explain reluctance to report IPPVAW-related injuries to healthcare professionals
- Most women did not accept a husband's right to beat his wife at any given scenario, except in a wife's infidelity, where half of the women accepted beating
 Social & Legislative restrictions on women's autonomy contribute to their risk for
- IPPVAW in Saudi Arabia
- PHC services as first-point of contact in a healthcare system are not well-equipped to respond to women's needs in cases of IPPVAW

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