



Violence of Husbands Against Reproductive Age Wives During Covid-19 Pandemic

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ABSTRACT:

BACKGROUND:

The COVID-19 pandemic has led to a surge in domestic violence, affecting women's physical and mental health through direct and indirect means. A history of violence can increase the risk of various diseases, and severe abuse can persist even after the violence ceases.

OBJECTIVE:

To assess the prevalence of exposure to intimate partner violence among reproductive age women, its types and relation to sociodemographic variables during COVID-19 pandemic in Iraq.

PATIENTS AND METHODS:

A cross-sectional web-based survey that included 500 women calculated according to Roasoft calculator based on previously published Iraqi studies, it was convenience sampling and was conducted between June and September among 15-49 year-old Iraqi women, recruited via social media platforms, and completed until a sample size of 500 forms was collected.

RESULTS:

The study found that psychological violence was the most common type of intimate partner violence in Iraq during COVID-19, with 84.6% of cases, followed by physical violence based on act 70% and injury 47%, then sexual violence 38.6%. The violence was more frequent among women with low education, working less than 8 hours, and men aged 31-40 with alcohol use. Demographic variables such as education, occupation, and working hours were strongly associated with sexual violence. Physical violence was associated with all socio-demographic variables.

CONCLUSION:

This study showed the presence of a relatively high prevalence of intimate partner violence against women. Thus, it is necessary to encourage women to educate and provide them with job opportunities alongside men, in addition to enforcing legislations concerning domestic violence.

KEY WORDS: violence of husbands, reproductive age wives, covid-19

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INTRODUCTION:

Intimate partner violence (IPV) refers to the occurrence of physical violence, sexual violence, stalking, or psychological aggression committed by a current or former intimate partner^[1]. It implies a significant concern for public health. The World Health Organization (WHO) has reported that 35% of women globally have encountered physical or sexual violence from either a current or former intimate partner at some point in their lives^[2].

Since the commencement of the 2003 war in Iraq, there has been a significant surge in domestic violence. Based on a report by Human Rights Watch, the invasion has led to a rise in physical and sexual violence against women, often carried out for political purposes. Although there has been a decrease in such violence since 2007, the situation remains highly perilous^[3].

IPV has a detrimental impact on women's physical and mental well-being. This is

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caused by both direct factors, such as physical injury, as well as indirect factors, such as long-term stress leading to chronic health issues. Having a history of violence is thus a predisposing factor for numerous diseases and conditions. The impact of abuse can endure for an extended period even after the cessation of violence. The intensity of the abuse directly correlates with the extent of its influence on a woman's physical and mental well-being. Furthermore, the long-term effects of various forms of abuse, as well as repeated incidents, seem to accumulate over time^[4].

When countries implemented measures to limit social contact in order to prevent the spread of the new SARS-CoV-2 virus, there were concerns that these COVID-19 restrictions might unintentionally raise the risk of IPV. This is because stay-at-home orders, travel restrictions, and limited services could potentially trap IPV survivors in the same living space as their abuser, making it difficult for them to access social support networks or essential services^{[5][6]}. The stress and worry caused by the epidemic, together with the economic losses arising from the imposition of restrictions, might further undermine coping mechanisms and act as catalysts for violence.

This study was conducted aiming to find out the types of IPV during COVID-19 pandemic in Iraq and to determine the related factors of IPV and its association with socio-demographic variables.

Methodology

Study design and setting

A cross-sectional web-based survey that included 500 women calculated according to Roasoft calculator based on previously published Iraqi studies, it was a convenience sampling and was conducted between June and September 2021. Inclusion criteria involved reproductive age women who were married during the study period and exposed to violence by their husbands. Women exposed to domestic violence from family members other than their husbands were excluded.

Study participants were recruited to the web-based survey via different social media

platforms including Telegram, WhatsApp, and Facebook groups frequented by married women. Those groups were general and did not represent a specific social category

Using web-based survey helped with confidentiality and giving space for more women to participate without fear. Data were collected using a self-reported, 31-question survey, no pilot study was done. The questionnaire was designed using Google forms. And divided into two sections

1) Demographic data: of the wife and husband (age, education, occupation, working hours, the presence of mental illness and substance use) in addition to family related factors (arranged or love marriage, number of children, crowding index and financial status)

2) A validated structured questionnaire, adopted from the Arabic version of WHO core questionnaire on domestic IPV, it was a frequency scale included 4,7 and 3 questions about psychological, physical and sexual violence respectively, and to make sure that questions describing symptoms had been correctly and equally understood by women full explanation regarding the questionnaire, nature of study and confidentiality was written in the begging of the questionnaire.

Ethical considerations:

Proposal of the study was fully discussed and approved by the ethical and scientific committee of Iraqi board of psychiatry. The answers were obtained confidentially from the women by anonymous online survey used to interview selected reproductive age women who were requested for e-consent to participate in the study.

Statistical analysis

Pearson's chi-square test and Fischer's exact test were used to test the association between categorical variables. A p-value ≤ 0.05 was considered statistically significant.

RESULTS:

The basic sociodemographic characteristics of the studied sample are illustrated in table (1).

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Table 1: The distributions of socio-demographic characteristics of women. (N=500).

Parameter	Variables	Frequency	%
Age	≤30 years	169	33.8%
	31-40years	243	48.6%
	>40 years	88	17.6%
Level of education	Illiterate	50	10%
	Primary or secondary	208	41.6%
	College or high degree	242	48.4%
Occupation	Housewife	210	42%
	Employed	290	58%
Work hours	None	155	31%
	<8hours	265	53%
	>8hours	80	16%
Residence	Urban	300	60%
	Suburban	175	35%
	Rural	25	5%
Crowding index	≥ 2	186	37.2%
	1	216	43.2%
	< 1	98	19.6%
Number of children	No child	69	13.8%
	1-2	270	54%
	3-4	91	18.2%
	>5	70	14%
Psychiatric history	Yes	70	14%
	No	430	86%
Financial status*	Low	197	39.4%
	Medium	210	42%
	High	93	18.6%
Type of marriage	Arranged	228	45.6%
	Love marriage	272	54.4%

*Financial status: low = do not satisfy daily living, medium = average satisfaction for daily living, high = more than average and satisfy daily living

Table 2 illustrates the prevalence of each type of violence experienced by the studied sample. Among 500 participants; 440 (88%) were exposed to violence, whereas 60 (12%) showed no exposure. Regarding the type of violence; psychological violence was the most common (86.4%), followed by physical violence based on act (70%), physical violence based on injury (47%), and sexual violence (38.6%).

Table 2: Types of intimate violence on reproductive age women during COVID-19 pandemic (N-500).

Exposure to violence	Violence	Yes	%	No	%	Total	
Type of violence	Psychological	432	86.4%	68	13.6%	500	
	Physical	Based on act	350	70%	150		30%
		Based on injury	235	47%	265		53%
	Sexual	193	38.6%	307	61.4%		

Table 3 illustrates that a statistically significant association was detected between basic characteristics and each of psychological and sexual violence (except for a non-significant association between psychiatric history and psychological violence).

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Table 3: Factors associated with prevalence of intimate partner violence (psychological and sexual) against reproductive age women (N=500).

Variables		Total	Psychological violence (432)	P value	Sexual violence (193)	P value
Age	≤30 years	169	125	0.00001	63	0.149
	31-40 years	243	235		88	
	>40 years	88	63		42	
Level of education	Illiterate	50	44	0.00001	33	0.00001
	Primary or secondary	208	202		102	
	College or high degree	242	186		58	
Occupation	Housewife	210	190	0.02366	110	0.0001
	Employed	290	242		83	
Work hours	None	155	148	0.00001	73	0.003
	<8hours	265	248		84	
	>8hours	80	36		36	
Residence	Urban	300	256	0.00001	78	0.00001
	Suburban	175	165		95	
	Rural	25	11		21	
Crowding index	≥2	186	177	0.00001	54	0.001
	1	216	196		90	
	<1	98	59		49	
Number of children	No child	69	66	0.0277	46	0.00001
	1-2	270	220		89	
	3-4	91	84		40	
	>5	70	62		18	
Psychiatric history	Yes	70	61	0.845	53	0.00001
	No	430	371		140	
Financial status	Low	197	189	0.00001	95	0.001
	Medium	210	193		64	
	High	93	50		34	
Type of marriage	Arranged	228	210	0.0007	112	0.00001
	Love marriage	272	222		81	

Table 4 illustrates that a statistically significant association was detected between basic characteristics and each of physical violence (whether based on act or injury), except for a non-significant association between psychiatric history and psychological violence based on act.

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Table 4: Association between socio-demographic characteristics of women and physical violence (based on act and injury) by their intimate partner.

Variables		Total (500)	physical violence based on act (350)	P value	Physical violence based on injury (235)	P value
Age	≤30 years	169	120	0.002	77	0.002
	31-40years	243	182		130	
	>40 years	88	48		28	
Level of education	Illiterate	50	40	0.005	37	0.00001
	Primary or Secondary	208	157		146	
	College or high degree	242	153		52	
Occupation	Housewife	210	196	0.00001	173	0.00001
	Employed	290	154		177	
Work hours	None	155	124	0.00001	96	0.00001
	<8hours	265	198		116	
	>8hours	80	28		23	
Residence	Urban	300	168	0.00001	120	0.0003
	Suburban	175	163		98	
	Rural	25	19		17	
Crowding index	⇒ 2	186	147	0.0008	87	0.00001
	1	216	146		127	
	< 1	98	57		21	
Number of children	No child	69	53	0.00001	46	0.00001
	1-2	270	155		47	
	3-4	91	79		83	
	>5	70	63		59	
Psychiatric history	Yes	70	50	0.779	62	0.00001
	No	430	300		173	
Financial status	Low	197	189	0.00001	120	0.00001
	Medium	210	110		97	
	High	93	51		18	
Type of marriage	Arranged	228	203	0.00001	137	0.00001
	Love marriage	272	147		98	

DISCUSSION:

The study analyzed IVP against women in Iraq during the COVID-19 pandemic. Out of 500 women, 88% reported experiencing such violence, with psychological violence being the most common. This could be due to strict protective measures like social distancing, business shutdowns, and travel restrictions. The long stay at home may limit relaxation, increase stress, and cause conflicting powers in parenthood administration. The buildup of frustration, fear of death, anger, and depression may speed up IVP. This is consistent with national studies in Iraq^[3] and Arabic countries^[7], as well as a study in India^[8], who all reported that the prevalence

of violence increased during the lockdown period.

This study found that younger age was a predictor of psychological and physical violence based on act and injury. Young women may talk more to family, friends, or the police than older women, as the later may develop coping mechanisms or fear of stigma. This agrees with the results found in the national study in Iraq (Lafta ,2021)^[3] and a similar study in Erbil (Al-Atrushi,2013)^[9].

Lower education of women was found to be associated with psychological, physical and sexual violence. higher education gives women the power to rethink cultural values

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and modify their individual attitudes and may be holding a job.

Being a housewife was also a predictor of exposure to IPV. That could be explained by the more time spent at home the more exposure to IPV also employment is empowering by giving a bargaining power within the family besides, when the female decides to join the labor force this can diminish some social curses like early marriage, and early child bearing this was found consistent with similar study in Jordan (Abujilban,2022)^[10].

Financial stress was also found to be a predictor for IPV, which is in agreement with Munir et al. in Pakistan^[11].

Having been diagnosed with mental illness makes the woman more exposed to sexual and physical violence based on injury because of their dependence, vulnerability and the burden of illness which make them more exposed to exploitation besides they already have psychological disturbance which may make them attribute the psychological violence to their own condition this is consistent with a study in India^[12].

This study found significant links between IVP, residence, crowding index, and the number of children. Rural living was linked to less access to judicial resources, potentially lowering the perceived risk of committing IPV. Urban cultural diffusion may promote the establishment of social norms that discourage IPV. The presence of children was unexpectedly associated with lower rates of reported IPV, implying that these households may use coping mechanisms or alternative forms of conflict resolution. Furthermore, a strong positive correlation was found between crowding index and IPV incidence, indicating that confined living spaces can exacerbate conflict and increase the likelihood of IPV. Finally, higher socioeconomic status, defined as medium to high income levels, was associated with lower rates of reported IPV. Those results were in agreement with studies in Mahmoud et al. in Egypt^[13].

Regarding marriage type; love marriage was significantly less likely to be associated with violence than arranged marriage. This is in concordance with a study in Bangladesh by Rayhan et al.^[14]

CONCLUSION:

This study showed the presence of a relatively high prevalence of IVP against women. Thus, it is necessary to encourage women to get education and provide them with job opportunities alongside men, in addition to enforcing legislations concerning domestic violence.

Conflict of interest

None

Author contribution

Zainab Abdulrazzaq Atta: collected the data and wrote the paper

Mushtaq Talib Hashim: supervision

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