

Effect of Education on Prevention of Domestic Violence against Women

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Objective: Family violence, specifically domestic violence, has been identified by the medical community as a serious, no remitting epidemic with adverse health consequences. World Health Organization (WHO) has stated that violence against women is a priority issue in the fields of health and human rights. A quasi experimental study were conducted in different faculties of Tehran University of Medical Sciences to determine the effect of teaching on prevention of domestic violence against female employees.

Methods: Forty four women working in various faculties of Tehran University of Medical Sciences in 2004 were selected. A designed questionnaire was given to the participants to identify kinds, causes and consequences of domestic violence. Then an educational booklet was given to subjects. This booklet contained information about kinds, causes and consequences of domestic violence and how to manage them. To compare the impact of teaching, the same questionnaires were distributed among the subjects after six months. The questionnaire was specifically tested for content validity.

Results: The results indicated that the incidence rate of domestic violence pre test and post test education was 5.17%.

Conclusion: Our study showed that education had no effect on domestic violence. Solving problems relating to domestic violence due to cardinal roots in short time seems to be impossible and impracticable.

Keywords: Education, Domestic violence, Primary prevention, Working women

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At least 20% of women, worldwide, have been abused sexually or physically by a man in their life time. World Health Organization (WHO) (1997) has stated that violence against women is a priority issue in the fields of health and human rights (1).

Approximately 2.1 million women are physically assaulted and/or raped every year in the United States. Of these assaults or rapes, 1.5 million are abused by intimate partners: current or former spouses, boy friends, or girl friends, including different or same-sex partners (2).

Domestic violence leads to a quarter of serious physical assaults on women, and nearly a third of all female homicides. Domestic violence arises when one partner seeks to dominate or control the other partner physically or psychologically (3,4).

In 1998, approximately 900,000 U.S women reported to be physically or sexually assaulted by their intimate partners in a criminal justice survey, compared to 1.1 million in 1993. A life time estimates vary from 5% to 51%, with the most usual range between 25% and 35%

(5,6). Unfortunately, we do not have any accurate data on domestic violence in Iran, but UNICEF states that 35% of women in Middle East reported being beaten by their husbands at same point in their marriage (7).

Domestic violence is a significant cause of death, disability, and injury in the United States (8). The American Medical Association (1992) has declared "domestic violence as a public health problem of epidemic proportions". The effect of domestic violence on women, children, families, and communities is multidimensional, affecting many issues of social, psychological, physical, economic, legal, and political human functions (9,10).

As a consequence of severe intimate partner violence, women more likely than men need to take medical attention (11,12), abstinence from work, and spend more days in bed as a result of being victimized. The psychological consequences for those women who are the victims of intimate partners' violence are as follows: depression, suicidal thoughts (6) and attempts, lowered self-esteem, alcohol and substance abuse, and post-traumatic stress disorder (2).

Family violence, and domestic violence specifically, has been increasingly recognized by the medical community as a serious, non-remitting epidemic with adverse health consequences. This awareness, and the need to seek long lasting solutions have been the major focus of international congresses, conferences and meetings around the world (13,7).

Women need to be empowered through education, employment opportunities, legal literacy, and right to inheritance. In addition, education and information on domestic violence should be provided for them (14). Therefore, we studied the effect of teaching on prevention of domestic violence against women employees in different faculties of Tehran University of Medical Sciences and Health Services.

Materials and Methods

An interventional, quasi experimental study has been conducted on the effect of teaching on prevention of domestic violence against women employees in different faculties of Tehran University of Medical Sciences. Study group consisted of 851 women from seven faculties of Tehran University, central organization and consultation center. Among these women, forty-four claimed that they some how experienced family abuse, and therefore, all were selected to participate in the study. Subjects were introduced to researchers by their friends and consoler (purposeful sampling).

Participants did not show any signs of interest to participate in educational classes, therefore, the researcher contacted them privately and obtained their consent.

The instrument of data collection was a questionnaire which included three sections. The first part consisted of 13 items about demographic characteristics; the second part contained spouse demographic data; and the third section included 79 items about types of physical and mental/psychological assault, causes and consequences of domestic violence, and how to manage them.

Content validity was ascertained by asking 15 faculty members ,psychologist ,psychiatric nurse, midwifery's ,community health ,pediatric and medical-surgical nurses and women who suffer from domestic violence .Face validity was also identified. Internal consistency(Cronbach's α) measurement was performed for scale reliability. The results were as follows: types of domestic violence, $r = 0.74$; causes of violence, $r = 0.85$; rate of domestic violence, $r =0.74$; and how to manage, $r = 0.80$,indicated correlations.

An instructional booklet, prepared by the researchers, was given to the participants after they completed the questionnaire. This booklet contained information about kind of domestic violence, causes, consequences, and the ways to manage them.

To compare the impact of training, the same questionnaires were distributed to subjects again after six months.

Table 1. The demographic characteristics of participated women

Subject		Frequency	Percent
Age (year)	20-29	7	17.5
	30-39	20	50
	40-49	10	25
	>50	3	7.5
	Total	40	100
Job	Worker	11	29.7
	Clerks	14	37.8
	Educational Officer	11	29.7
	Teacher	1	2.7
	Total	37	100
Educational Level	Illiterate	2	4.8
	High school and lower	7	16.7
	Diploma	12	28.6
	Technician	6	14.3
	B.S and higher	15	35.7
	Total	42	100
Marriage Duration (year)	0-9	19	48.7
	10-19	15	38.5
	20-29	3	20.29
	>29	2	5.1
	Total	39	100

Table 2. The husbands' demographic characteristics

Subject		Frequency	Percent
Educational Level	Illiterate	1	2.4
	High school and lower	12	29.3
	Diploma	12	29.3
	Technician	5	12.2
	B.S and higher	11	26.8
	Total	44	100
Addiction	Cigarette	25	64.1
	Alcohol	5	20.0
	Substance abuse	5	20.8

Results

The results illustrated that most participants (50%) were 30-39 years old , and most of them (37.8%) were clerks. In addition, with respect to educational background, most of the participants (33.7%) held B.S and M.S degrees. Only 4.8% were illiterate. Almost 48% of the subjects were married for the period of 0-9 years (Table 1).

The findings of this study indicated that 29.3% of the subjects' husbands had high school diploma. Moreover, 64.1% of husbands were smokers (Table 2). The results presented that incidence of domestic violence pre and post training was 5.17% .

The incidence of physical injuries pre education was 51.4% and after education was 50.0%.

The prevalence of mental and psychological abuse related to hassles pre training was 80.6%and after education was78.0%. The most factors of domestic violence consisted of lack of tolerance, jealousy and partners' failure to self-control (57.6%, 57.1%).

The statistical test (χ^2) showed that among all causes, two causes husband's mental problem ($X^2=3.650$, $df=1$ $P=0.056$), and having experienced abuse during

childhood, or witnessing intimate partner violence during childhood ($\chi^2=4.270$, $df=1$ $P=0.039$) have been changed pre and after training. Before education, husband's mental problem was 37.2% and after education became 16.1%. The cause of having experienced abuse during childhood, or witnessing intimate partner violence during childhood before education 43.8% and after training was 18.5%.

Among all the consequences in pre and post education, 66.7% was related to psychological and mental problems such as depression, anger and aggression. No one reported anything about abstinence from work consequence.

The statistical test (χ^2) showed that there were two types of consequences which were different from pre education. First, the family disturbances, and second, taking abstinence from work. ($\chi^2=3.816$, $df=1$, $P=0.051$) and $\chi^2=7.678$, $df=1$, $P=0.006$ respectively).

In pre education, 22% of subjects believed that they themselves were culpable for the abusive behavior of their partners and in post education this rate raised to 28.2%. After education, most of the subjects tried to get help from their family, friends, neighbors and parents (48.5%, 45.2%) and a few referred to the police or physicians (10.7%, 10.3%).

Discussion

Our study illustrates that the age range of most of the subjects' partners was 30-40 years, with educational level of diploma or less, and holding occupational level of ordinary employees. Muthal – Rathore, indicated that one of the socio-demographic variables in association of domestic violence was husband's education. In this study, 23.6% ($n=148$) of the subjects' husbands had primary education (15).

Our findings showed that the incidence of domestic violence against women in pre and post education were 5.17%, while WHO estimates this rate to be 10.69% in different countries (16). Perhaps due to little interval between education and post test and for changing we need to much more time, there was not difference the incidence of domestic violence before and after education. Also domestic violence is a complex phenomenon and it necessary to different ways to manage it.

Researchers assume that the low incidence rate in our society is due to two reasons. First, most participants and their partners had high educational level. Second, the participants were embarrassed to express the truth about being under any kind of violence. It is plausible that increasing women's knowledge about domestic violence could lead to aggressive behavior against their husbands and therefore causing an increase in intimate partner violence.

In addition, the results showed that most physical injuries in pre and post training was hematomas and contusions. Some studies in Iran had found that most physical injuries are hematoma, laceration and head injuries (17, 18).

The findings of this study indicate that all of the kinds of psychological and mental violence pre and post education was related to family hassles. Stanhope and Lancaster, claimed that daily hassles, especially about financial problems, intensify the already stressful atmosphere for which an unexpected and difficult event provide a catalyst for violence (19).

Psychiatric problem is one of the factors of domestic violence. This cause before education was 37.2% that after education became 16.1%. The statistical test (χ^2) showed the differences in pre and post education ($\chi^2=3.450$ $df=1$ $P=0.050$). Campbell's study showed association between violence and mental health consequences.

The results indicated that changes after disruption of the families were 36.4% pre education phase and 14.3% post education ($\chi^2=3.816$ $df=1$ $P=0.051$).

The intervention among abused women including referring to psychiatrics, physicians, police and using medications increased in post educational period. We discovered that domestic violence has a long history in some communities; therefore, we did not expect to prevent it by the training methods we utilized in this study. Therefore, It is recommended that researchers find different ways to educate women and provide them with information about domestic violence, its consequences and types, preventional methods, and to come up with practical techniques to manage domestic violence. Also, we recommended more education in different ways and prepare social and legal supports for women who suffer domestic violence.

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