

## Prevalence and Risk Factors for Abuse among Saudi Females, KSA

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### ABSTRACT

**Background:** Domestic violence against Saudi women is arising recently. Also, statistics indicate that married women are the largest segment of abuse victims in Saudi society.

**Objectives:** Estimating the prevalence of female abuse all over Saudi Arabia as well as assessing the most important factors associated with abuse.

**Methods:** The survey was conducted during the period from January to April 2017. The study population consisted of 758 Saudi Arabian females from thirteen governorates of Saudi Arabia. A self-administered questionnaire that consists of 3 scales including demographics of females and husband's and the perception of women toward causes of abuse, frequency and types was distributed among participants. **Results:** The prevalence of abuse among the studied population was 32%. The most common risk factors for being abused were addiction to drugs and alcohol. The majority of women reported minor physical abuse. About 40.5% of women asked for divorce after abuse. Being divorced, low educated, jobless, polygamy family were considerably associated with being abused. Illiterate husbands, jobless and low income were shown to be the most important male variables that were associated with abuse.

**Conclusion:** The abuse showed a high prevalence rate (36%) indicating high ignorance of female rights as well as increasing the range of abuse all over KSA. The most significant factors associated with abuse were being working, low education of female and husband. Also, non-working husbands and poor income were related to high abuse levels.

**Keywords:** Wife, Abuse, Physical, KSA.

### INTRODUCTION

The worldwide prevalence of abuse was a focus of many researchers as well as national surveys for studying its causes and impacts on the mental as well as physical health status of women<sup>(1-3)</sup>. The overall prevalent rates of abuse varied from 10-50% with different rates from developed and developing countries and the studies were conducted in emergency departments, community based or international surveys as well as police records<sup>(4-6)</sup>.

In KSA, its prevalence is increasing dramatically ranging from 39 % to 58% with several types as physical and emotional abuse<sup>(5, 6)</sup>. However being a serious problem, violence is a hidden problem in Arabic and Islamic countries and most of abused females didn't tell health care providers that they were abused<sup>(1)</sup>.

The factors related with abuse in KSA may be unfamiliarity with the rights of women, there are

several causes of domestic violence in Saudi Arabia such as ignorance regarding women's rights, and social approval of violence<sup>(1, 7, 8)</sup>. Also, abused women reported many obstacles after being abused to express their feeling, can't report being abused, social habits and traditions in addition to privacy of family; thus women escape through pursuing divorce as the only solution<sup>(1, 9)</sup>. This study aimed to evaluate the prevalence of physical wife abuse among teachers of intermediate schools in KSA.

### METHODS

#### Study design and population

A quantitative, cross-sectional study was conducted in Saudi Arabia, a Middle-Eastern country with an estimated population of 31,742,308 people according to the General Authority for Statistics, Kingdom of Saudi Arabia

(2016 estimate)<sup>(10)</sup>. The survey was conducted during the period from January to April 2017. The studied population consisted of Saudi Arabian females from thirteen governorates of Saudi Arabia: Al-Riyadh, Makkah Al-Mokarramah, Al-Madinah Al-Monawarah, Al-Qaseem, Eastern Region, Aseer, Tabuk, Hail, Northern Borders, Jazan, Najran, Al-Baha and Al-Jouf. The study was conducted in accordance with the Declaration of Helsinki and national and institutional standards. Ethical approval for this study was obtained from the "Human Ethical Committee, Ministry of Health, Saudi Arabia".

The sample size was based on the assumption that the proportions of response to most of the main questions is 50%, as both responses and response rates were completely unknown due to the fact there are no previous similar studies from Saudi Arabia or other GCC countries. It was determined using the Raosoft sample size calculator using a margin of error of 5%, a confidence interval of 95%, a population size of 9839320 Saudi females, and an expected response of 50%<sup>(11)</sup>. The minimum sample size estimated for the study was 385. Assuming a response rate of 50%, a larger sample size of 790 Saudi females were enrolled in the study. The studied population was selected from a number of different venues in Saudi Arabia in order to increase the generalizability of the findings. Saudi Arabia nationals from all Health Sciences Centre females were approached to participate in the study.

In the first stage of selection, a stratified random sampling was used to select Saudi females randomly out of thirteen governorates in Saudi Arabia according to their population density in the different regions as the following: Al-Riyadh:177, Makkah Al-Mokarramah:176 Al-Madinah Al-Monawarah:54 Al-Qaseem:39 Eastern Region:119

Aseer:70 Tabouk:28 Hail:21 Northern Borders:11 Jazan:47 Najran:17 Al-Baha:16 Al-Jouf:15.

Exclusion criteria were expatriates (non-Saudi) residents, age less than 20, single women. Also, 32 subjects were excluded due to uncompleted data in the questionnaire.

### ***Study tools***

An interview with all included females was done for half an hour with each female separately then self-administrated questionnaire was distributed among the included subjects. This questionnaire consists of 3 scales including demographics of females and husband's and the perception of women toward causes of abuse, frequency and types. The study was done after approval of ethical board of King Abdulaziz University and an informed written consent was taken from each participant in the study.

### ***Statistical analysis***

Data were entered into the Statistical Package for Social Sciences (SPSS, version 24, SPSS, Chicago, IL, U.S.A.) and descriptive analysis conducted. Chi square, Fisher exact and ANOVA were used. Statistical significance was accepted at  $p < 0.05$ .

## **RESULTS**

### ***Socio-Demographic Characteristics of females:***

The demographics of included females and husband were shown in tables 1 and 2. Also, using multivariable logistic regression model, being divorced, low educated, jobless, polygamy family were considerably associated with being abused. On the other hand, illiterate husbands, jobless and low income were shown to be the most important variables that were associated with abuse (Table 3).

**Table (1): Socio-Demographic Characteristics of respondent females (n=758)**

	Non-abused (n=505)		Physical abused (n=253)		OR 95%CI	P-value
	No.	%	No.	%		
<b>18–29</b>	149	62.1	91	37.9	Reference	0.718
<b>30–44</b>	245	68.4	113	31.6	0.92 (0.6–2.48)	0.622
<b>45–64</b>	111	69.4	49	30.6	0.61 (0.44–1.11)	0.751
<b>Widowed</b>	109	77.9	31	22.1	Reference	< 0.0001
<b>Divorced</b>	122	59.5	83	40.5	3.84 (1.8–4.8)	< 0.0001
<b>Married</b>	211	60.3	139	39.7	3.01 (2.04–5.61)	< 0.0001
<b>Duration of marriage (Yr)</b>	10.1±5.7		11.4±6		1.02 (0.29–3.51)	0.805
<b>Monogamy</b>	294	80.5	71	19.5	1	< 0.0001
<b>Polygamy</b>	211	53.7	182	46.3	16.43 (4.91–21.01)	
<b>None</b>	91	61.1	58	38.9	Reference	0.917
<b>one</b>	125	65.1	67	34.9	0.91 (0.28–3.01)	0.851
<b>&gt;1</b>	289	69.3	128	30.7	0.38 (0.47–4.88)	0.934
<b>Employed</b>	351	78.2	98	21.8	1	< 0.0001
<b>Jobless</b>	154	49.8	155	50.2	21.13 (8.32–25.93)	
<b>College</b>	114	79.7	29	20.3	Reference	< 0.0001
<b>Primary-Secondary</b>	225	70.1	96	29.9	4.12 (1.53-6.29)	< 0.0001
<b>Illiterate</b>	166	56.5	128	43.5	21.13 (8.32–25.93)	< 0.0001

**Table (2): Socio-Demographic Characteristics of husband**

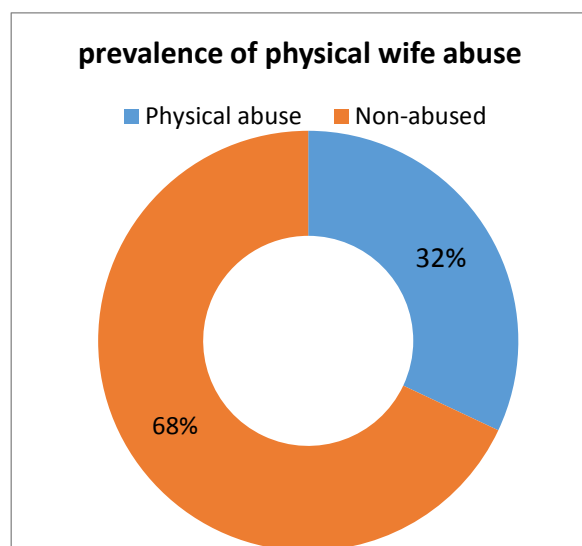
	Non-abused (n=505)		Physical abused (n=253)		OR 95%CI	P-value
	No.	%	No.	%		
<b>22–32</b>	178	65.7	93	34.3	Reference	0.434
<b>33–43</b>	226	68.1	106	31.9	0.51 (0.18-1.43)	0.201
<b>44–53</b>	101	65.2	54	34.8	0.97 (0.29-3.23)	0.957
<b>College</b>	214	89.9	24	10.1	Reference	<0.0001
<b>Primary-Secondary</b>	198	60.6	129	39.4	7.14 (1.92-9.28)	<0.0001
<b>Illiterate</b>	93	47.4	103	52.6	15.88 (5.61-23.41)	<0.0001
<b>Civil</b>	246	85.1	43	14.9	Reference	<0.0001
<b>Military</b>	198	69.0	89	31.0	12.82(9.06–21.48)	<0.0001
<b>Jobless</b>	141	49.8	142	50.2	23.31(11.44–20.72)	<0.0001
<b>High</b>	198	78.9	53	21.1	Reference	<0.0001
<b>Medium</b>	192	62.7	114	37.3	14.31 (11.6–19.58)	<0.0001
<b>Low</b>	115	57.2	86	42.8	16.42 (10.03–21.66)	<0.0001

**Table (3): Variable retained in multivariable logistic regression model**

Variables	OR	95%CI	P-value
<b>Female Variables</b>			
Marital status	5.71	3.31-9.84	< 0.0001
Marriage type	8.46	5.09-14.05	< 0.0001
Employment	1.73	1.08-2.75	0.021
Education	4.12	1.53-6.29	< 0.0001
<b>Male Variables</b>			
Education	2.58	1.35-4.94	0.004
Employment	5.62	2.06-15.36	<0.0001
Income Level	2.85	1.57-5.16	<0.0001

### **Prevalence, frequency and types of physical wife abuse**

The overall prevalence of physical abuse was 32% (Fig. 1). The frequency of abuse was weekly in 37.5% and monthly in 19.8% of subjects indicating high frequency of abuse during the study. However, 40.3% of subjects were beaten yearly and only 2.4% of females were physically abused daily (Table 4). As for the types of abuse, the majority of participants revealed having minor incidents of abuse and this was shown in table 5.



**Fig. (1): Prevalence of physical abuse among included subjects**

**Table (4): Frequency of physical abuse**

Frequency of beat	No.	%
Daily	6	2.4
Weekly	95	37.5
Monthly	50	19.8
Yearly	102	40.3

**Table (5): Distribution of Saudi Arabian women by type of physical violence experienced during the marriage period (n =253)**

Incidents of physical abuse	No.	%
<b>Minor</b>		
Pushed/shoved	57	22.6
Slapped on the face	58	23.0
Twisted arms/pulled hair	51	20.2
Pulled	47	18.6
Something thrown that could hurt	41	16.2
<b>Severe</b>		
Slammed against wall	35	13.8
Kicked	27	10.7
Hit by something that could hurt	27	10.7
Choked	20	8
Punched	19	7.5
Scalded or burnt	11	4.3

### **Factors affecting physical abuse**

The most important variables pushing for abuse from women's point of view were drug and alcohol addiction in 94.8% and 91.3% of participants, respectively then followed by social stressors (88.1), poor income, (87%), unfaithfulness (87%). On the other hand, factors as sexual refusal and jealousy as well as number of children represents the minor factors for abuse (Table 6).

**Table (6): Reasons of violence as given by wife (n = 253)**

Drugs use	240 (94.8%)
Alcohol use	231 (91.3%)
Social stressors	223 (88.1%)
Poor income	220 (87%)
Unfaithfulness	210 (87%)
Sexual refusal	102 (40.3%)
Jealousy	95 (37.5%)
NUMBER OF CHILDREN	81 (32%)

## DISCUSSION AND CONCLUSION

The prevalence of abuse in many studies was found to be intensely growing with high rates ranging from 39 % to 58%<sup>(5, 6)</sup> but it is still a hidden problem in our community<sup>(1)</sup>. In the present study, the physical abuse prevalence was high in Saudi women at PHCCS all over KSA. This was close to other studies in KSA reporting a high prevalence of abuse in PHCCs in eastern region of KSA<sup>(12)</sup>. Correspondingly, the life span frequency of different types of abuse was assessed to be 34% in almost 2,300 women of different nationalities going to Jeddah tertiary care hospitals<sup>(13)</sup>.

However, lower rates were found in other studies in KSA as in Al-Madina Al-Monawara<sup>(1, 7)</sup> and in Taif, KSA<sup>(14)</sup>. Also, a significantly lower rates (3.9%) were found in 5 Nordic countries in abused women admitted to gynaecology clinics<sup>(6)</sup>. In emergency departments of USA, the abuse was 14.4% among women<sup>(15)</sup>. This difference in the prevalence rate could be illustrated as different study setting, characteristics and period of study.

The consequences of abuse pushed 40.5% of women to ask for divorce but 59.5% preferred to continue marriage. However, higher levels of divorce were reported in other studies but also indicate that the majority of women prefer divorce than being insulted<sup>(16-19)</sup>.

The majority of women thought that poor income, addiction to drugs and alcohol were the most common factors participating in violence against wife. But the number of children, jealousy of husband and sexual refusal were the least common causes of abuse in the present study. Consistent results showed that the use of drug and alcohol is significantly associated with abuse against wife<sup>(20, 21)</sup>.

The abuse in this study was reported to be significantly associated with being less educated, low income, polygamy, and non-working husbands as well as husbands working in military jobs. In the same respect, socio-demographic characteristics as poor income, low husband education, were significantly reported to be linked with violence against women in many studies<sup>(13, 22)</sup>. In addition to that poor and insufficient economic status with close association to low husband education were found to result in stress environment and frustration of family which trigger abuse against wife and children<sup>(14, 22-24)</sup>. Similarly, polygamy was also found to be

associated with violence in many studies<sup>(8, 13, 14, 25, 26)</sup>.

## CONCLUSION

The abuse showed a high prevalence rate (36%) indicating high ignorance of female rights as well as increasing the range of abuse all over KSA but this is against Islamic teaching and many husbands are convinced that beating women is a good way for improving the wife misbehavior. The most significant factors associated with abuse were being working, first years of marriage, low education of female and husband. Also, non-working husbands was related to high abuse levels.

## REFERENCES

- Tashkandi A, Rasheed P (2009):** Wife abuse: a hidden problem. A study among Saudi women attending PHC centres. *Eastern Mediterranean Health Journal*, 15: 1242-1253.
- Bohlaiga A, Al-Kakhli B, Al-Mattar H, Al-Bahrani I, Al-Lowaim K, Al-Baqshi M, Al-Harhi N, Al-Harbi R, Al-Moumen S, Al-Hammad Z (2014):** Prevalence and Risk Factors of Abuse against Married Women in Eastern Saudi Arabia. *Journal of General Practice*, 2: 150.
- Maziak W, Asfar T (2003):** Physical abuse in low-income women in Aleppo, Syria. *Health care for women international*, 24: 313-326.
- Tjaden PG, Thoennes N (2000):** Extent, nature, and consequences of intimate partner violence. Washington, DC: National Institute of Justice. <https://www.ncjrs.gov/pdffiles1/nij/181867.pdf>
- Cox J, Bota GW, Carter M, Bretzlaff-Michaud JA, Sahai V, Rowe BH (2004):** Domestic violence. Incidence and prevalence in a northern emergency department. *Canadian family physician Medecin de famille canadien*, 50: 90-97.
- Wijma B, Schei B, Swahnberg K, Hilden M, Offerdal K, Pikarinen U, Sidenius K, Steingrimsdottir T, Stoum H, Halmesmaki E (2003):** Emotional, physical, and sexual abuse in patients visiting gynaecology clinics: a Nordic cross-sectional study. *Lancet (London, England)*, 361: 2107-2113.
- Sahar Ali Sari AMQS, Samah Omar alfahl (2016):** Domestic Violence: Prevalence among Saudi Women Attending Primary Health Care Centers in Al-Madina Al Monawara City, 2012. *Int J Med Res Pro.*, 2: 18-28.
- Eldoseri HM (2012):** Intimate partner physical violence against women in Saudi Arabian primary healthcare clinics: Old Dominion University, 2012.

9. **Barnawi FH(2017):** Prevalence and risk factors of domestic violence against women attending a primary care center in Riyadh, Saudi Arabia. *Journal of interpersonal violence*, 32: 1171-1186.
10. (<https://www.stats.gov.sa/en/4522>).
11. **Raosoft-Inc(2004):** Raosoft Sample Size Calculator. Available: <http://www.raosoft.com/samplesize.html>.
12. **Affi ZE, Al-Muhaideb NS, Hadish NF, Ismail FI, Al-Qeamy FM(2011):** Domestic violence and its impact on married women's health in Eastern Saudi Arabia. *Saudi medical journal*, 32: 612-620.
13. **Fageeh WM (2014):** Factors associated with domestic violence: a cross-sectional survey among women in Jeddah, Saudi Arabia. *BMJ open*, 4: e004242.
14. **Alzahrani TA, Abaalkhail BA, Ramadan IK(2016):** Prevalence of intimate partner violence and its associated risk factors among Saudi female patients attending the primary healthcare centers in Western Saudi Arabia. *Saudi medical journal*, 37: 96-99.
15. **Dearwater SR, Coben JH, Campbell JC, Nah G, Glass N, McLoughlin E, Bekemeier B(1998):** Prevalence of intimate partner abuse in women treated at community hospital emergency departments. *Jama.*, 280: 433-438.
16. **Bowlus AJ, Seitz S(2006):** Domestic violence, employment, and divorce. *International Economic Review*, 47: 1113-1149.
17. **Richardson J, Coid J, Petruckevitch A, Chung WS, Moorey S, Feder G (2002):** Identifying domestic violence: cross sectional study in primary care. *BMJ (Clinical research ed)*, 324: 274.
18. **Vu HS, Schuler S, Hoang TA, Quach T(2014):** Divorce in the context of domestic violence against women in Vietnam. *Culture, health & sexuality*, 16: 634-647.
19. **Fleming KN, Newton TL, Fernandez-Botran R, Miller JJ, Ellison Burns V(2012):** Intimate partner stalking victimization and posttraumatic stress symptoms in post-abuse women. *Violence against women*, 18: 1368-1389.
20. **Kyriacou DN, McCabe F, Anglin D, Lapesarde K, Winer MR(1998):** Emergency department-based study of risk factors for acute injury from domestic violence against women. *Annals of emergency medicine*, 31: 502-506.
21. **WHO Organization (2014):** Violence against women: intimate partner and sexual violence against women: intimate partner and sexual violence have serious short-and long-term physical, mental and sexual and reproductive health problems for survivors: fact sheet. <http://www.who.int/mediacentre/factsheets/fs239/en/>
22. **Mamdouh HM, Ismail HM, Kharboush IF, Tawfik MM, El Sharkawy OG, Abdel-Baky M, Sallam HN(2012):** Prevalence and risk factors for spousal violence among women attending health care centres in Alexandria, Egypt. *Eastern Mediterranean health journal = La revue de sante de la Mediterranee orientale , al-Majallah al-sihhiyah li-sharq al-mutawassit*, 18: 1118-1126.
23. **Fahmy HH, Abd E-RS(2008):** Determinants and health consequences of domestic violence among women in reproductive age at zagazig district, egypt. *The Journal of the Egyptian Public Health Association*, 83: 87-106.
24. **Awwad J, Ghazeeri G, Nassar AH, Bazi T, Fakih A, Fares F, Seoud M (2014):** Intimate Partner Violence in a Lebanese Population Attending Gynecologic Care: A Cultural Perspective. *Journal of interpersonal violence*, 29: 2592-2609.
25. **Ardabili HE, Moghadam ZB, Salsali M, Ramezanzadeh F, Nedjat S (2011):** Prevalence and risk factors for domestic violence against infertile women in an Iranian setting. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*, 112: 15-17.
26. **Bibi S, Ashfaq S, Shaikh F, Qureshi PM(2014):** Prevalence instigating factors and help seeking behavior of physical domestic violence among married women of Hyderabad Sindh. *Pak J Med Sci.*, 30: 122-125.