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Abstract

Background: Domestic violence is a serious and often underreported problem. No studies on domestic violence have been conducted in Oman.

Aims: This study determined the prevalence and risk factors of emotional and/or physical domestic violence in Omani women, and the help-seeking behaviour of those experiencing domestic violence.

Methods: This cross-sectional study in 2019 included literate women aged 18–60 years old attending primary health care centres in Muscat region. A self-administered questionnaire was used to record the characteristics of the women and determine the prevalence of emotional and physical domestic violence. Logistic regression analysis was used to determine risk factors for domestic violence.

Results: Of 1051 women approached, 978 agreed to participate. Mean age of the women was 30.6 (standard deviation 6.9) years. Domestic violence was reported by 28.8% (282/978) of women: 21.0% (205/978) had experienced emotional domestic violence, 18.0% (176/978) physical domestic violence and 10.1% (99) both emotional and physical domestic violence. Domestic violence was significantly associated with husband's alcohol consumption (odds ratio (OR) = 9.85, 95% confidence intervals (CI): 1.00–96.94), feeling depressed (OR = 2.90, 95% CI: 1.75–4.81), insomnia (OR = 2.54, 95% CI: 1.57–4.10) and somatic symptoms (OR = 1.73, 95% CI: 1.08–2.78). Only 5.4% (11/205) of women experiencing emotional violence and 6.3% (11/176) experiencing physical violence had sought help from their doctors.

Conclusion: Emotional and physical domestic violence against women is common in Oman and is associated with poor health outcomes. Addressing domestic violence in Oman is important and requires collaboration between different sectors.

Keywords: domestic violence, women, prevalence, risk factors, Oman

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Introduction

Domestic violence is a common and serious problem that is often underreported and under-recognized (1). The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (2).

Worldwide, it is estimated that one in three women suffers from some form of domestic violence (3). Studies conducted in Lebanon, Jordan, Egypt and Saudi Arabia reported a prevalence of domestic violence of 35%, 24%, 26% and 34%, respectively (4–7). The wide variation in the prevalence rates in these studies could be attributed to differences in the methods used.

Risk factors for domestic violence are similar for both pregnant and non-pregnant women (8). Being married, living within large families (more than five members), low educational level, and living in urban areas have been reported as significant predictors of emotional violence against women (9). Moreover, a recent systematic review substantiated that unplanned pregnancy and having parents with less than a high-school education were the strongest modifiable predictors of domestic violence against women (10).

The impact of domestic violence against women on their health is well recognized (11). These effects include but are not limited to: injury, unintended pregnancy, miscarriage, sexually transmitted infections, and mental disorders (3). A systematic review confirmed that about one third of female homicides were a result of intimate partner violence (12). Importantly, the negative effects of domestic violence can extend to children who grow up in families where domestic violence occurs. Such children may be prone to behavioural and emotional instability (3). Similarly, intimate partner violence during pregnancy may lead to devastating effects on birth outcome such as low birth weight and prematurity (13).

While there have been no published study on domestic violence ression concluded that depression during pregnancy was strongly associated with marital conflict (adjusted odds ratio (OR):13.83, P

Methods

Study design and sample

This was a cross-sectional study to determine the prevalence of domestic violence among literate Omani women. The study was conducted from 1 April 2019 to 30 July 2019 in the most populated wilayat of Muscat governorate. We randomly selected four out of nine primary health care centres (PHC) in the area for this study. The sample size for each selected health centre was proportional to its population size. It should be noted that the women who attended the PHC centres included some who were originally from different regions of Oman, but were living in the Muscat region for various reasons (e.g. work, education).

We calculated the sample size needed using the nMaster 2.0 software (15) based on an expected prevalence of domestic violence of 35%, absolute precision of 3 and a desired confidence level of 95%. The sample size was adjusted to a population size of 30 000 women (based on the estimated number of female attendees aged between 18 and 60 years old who attended the four PHC centres during the study period). Thus, the final sample size needed 940 women.

We used a consecutive sampling method to recruit women. Women attending the selected PHC

centres who were literate (able to read and write), aged 18–60 years and not seriously ill (i.e. not needing to be seen as an emergency) were invited by a trained triage nurse to participate in this study. Written informed consent was obtained. Women who consented to participate were given a self-administered questionnaire to complete anonymously in a private place. For women who declined to participate, the nurse documented their reasons for not participating.

Questionnaire

The self-administered questionnaire had two parts. Part one asked about sociodemographic characteristics such as age, educational level (of the participant, her husband and her parents), family income, occupation of the participant and her husband, number of household family members, and smoking and alcohol consumption. Part two of the questionnaire consisted of the Arabic version of the NorVold Domestic Abuse Questionnaire (NORAQ). NORAQ is a self-administered, reliable and well-validated scale to determine the prevalence of emotional, physical and sexual violence (16). Its sensitivity ranges from 75% for emotional violence to 96% for physical violence. Specificity is 98% and 85% for emotional and physical abuse, respectively (17). This questionnaire consists of the following parts: 1) General physical and mental health assessments; 2) Questions about emotional, physical and sexual violence; and 3) General questions related to violence including perpetrators and help-seeking behaviour. We did not include sexual violence in our study because many women were reluctant to answer questions on sexual violence during the initial pilot phase.

Participants were classified as having mild, moderate or severe emotional domestic violence if they answered “yes”, respectively, to: (i) Has anybody, systematically and for a long period, tried to repress, degrade or humiliate you?; (ii) Has anybody, systematically and by threat or force, tried to limit your contact with others, or totally controlled what you may and may not do?; (iii) Have you lived in fear because somebody, systematically and for a long period, threatened you or somebody close to you? (16). Similarly, physical violence was categorized as mild, moderate or severe if the woman responded positively to any of the following questions, respectively: (i) Has anybody hit you, smacked your face or held you firmly against your will?; (ii) Has anybody hit you with his/her fist(s) or with a hard object, kicked you, pushed you violently, given you a beating, thrashed you or done anything similar to you?; (iii) Has anybody threatened your life by, for instance, trying to strangle you, displaying a weapon or a knife, or by any other similar act? (16).

Statistical analysis

We used SPSS, version 24 for all statistical analyses. We did a univariate analysis to test the association between domestic violence and different variables using the chi-squared test. We also did a logistic regression analysis to adjust for the effects of confounders and odds ratios (OR) and 95% confidence intervals (CI) are reported. We considered a P-value of ≤ 0.05 to be statistically significant.

Ethical approval

Directorate General of Planning and Studies, Ministry of Health gave approval for the study (MOH/DGPS/MG-34/2018).

Results

Out of 1051 women who were invited to participate in our study, 978 agreed to fill in the questionnaire, a 93% response rate. The main reason for not agreeing to participate was a lack of time; those who did not participate were similar to those who did in terms of sociodemographic characteristics.

The mean age of the participants was 30.6 (standard deviation 6.9) years, and most of them (821 out of 978, 84.0%) were married. More than two thirds of the currently married women had been married ≤ 10 years. In addition, most of participants (601 out of 978, 61.5%) were living in a family with more than 5 members. More than half of the women who had experienced domestic violence were aged between 18 and 30 years old (54.3%; 153/282) and most were married (77.7%; 219/282). Furthermore, 90.8% (256/282) of women experiencing domestic violence had a secondary school or higher education and 64.9% (183/282) of them were living in a house with five or more family members. Table 1 shows the baseline characteristics of our sample according to experience of domestic violence.

The prevalence of overall and type of life-long domestic violence based on the Arabic NorVold Domestic Abuse Questionnaire (NORAQ) is shown in Table 2 . The overall prevalence of domestic violence was 28.8% (282/978). Emotional domestic violence was more common than physical domestic violence, prevalence 21.0% and 18.0%, respectively. Ninety-nine women (10.1%) reported being experiencing both emotional and physical domestic violence.

The univariate analysis showed that being divorced (P