

Violence against Women in Khartoum, Sudan, 2018

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ABSTRACT

Domestic violence is a pattern of abusive behavior used by a perpetrator to gain and maintain power or control over the victims in different types of relationships. Domestic violence is not associated with ethnic or racial group, economic class, marital status, sexual orientation, any specific age group, educational status and whether the women is professional or homemaker. Objectives were to explore violence against women in Khartoum, to determine types, persons responsible for commitment and relation between violence and social factors of the victims.

Methods: This was a hospital-based, cross-sectional study to investigate violence against women. The study conducted in five hospitals, Khartoum Sudan. Sample type was stratified and size was 299. Data collected by a pre-tested questionnaire and clinical examination after obtaining ethics approval and a written informed consent. Analysis was done by using SPSS program version 22. Comparison between qualitative data was performed by chi-square test and p value less than 0.05 was considered significant.

Results: Among violated women 18.7% were illiterate, 37.5% primary educated, 39.8% secondary educated and 4.0% university graduates. Most violated women aged between 19 and 28 years and most those violated women were housewives (57.2%). Husband committed 35.8% of violence against women. A community member, one of family members and a first degree relative were responsible for 31.8%, 19% and 13.4% of violence against women respectively.

Conclusion: study concluded that violence is common among young housewives and it is mostly committed by a husband. Hitting and Genital tract trauma was most common types.

Key words: Violence, Psychological harm, Emotional consequences, Prostitution

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INTRODUCTION

Violence against women is defined by the United Nations as “any act of gender-based violence or exclusively committed against women that results in, or is likely to result in, physical, sexual or psychological harm (collectively) or threats of such acts, whether occurring in public or in private life [1]. Violence against

women is a public health problem and human rights violation of worldwide significance. It is an important risk factor for women’s ill health, with far reaching consequences for physical and mental health. Physical or sexual violence are the most systematic and widespread human rights violation and major public health problem. WHO multi country study found that between 15-17% women reported physical and/or sexual violence experience at some time in their lives. Violence results in physical, psychological, sexual including reproductive health and emotional consequences, and may increase their vulnerability to STDs. Domestic

violence is a pattern of abusive behavior used by a perpetrator to gain and maintain power or control over the victims in different types of relationships. Domestic violence is not associated with ethnic or racial group, economic class, marital status, sexual orientation, any specific age group, educational status and whether the women is professional or homemaker [2].

Women experience violence in different forms and at different levels however, interpersonal or Family/partner violence is the most universal form of violence against women, as it takes place in all societies. Community violence describes violence between people who are unrelated and generally takes place outside the home e.g. in the context of war, political and/or military repression of ethnic or national groups, systematic rape of women by agents of the state as a tool of oppression and persecution or forced sterilization, may be perpetrated under the guise of development.

Even where statutes exist, criminalizing forms of violence against women, such as rape and domestic violence are largely ineffectual and barely enforced. The physical dimension of violence is most readily identifiable but much of violence against women takes place in the domestic sphere, where customary, personal or family laws often prevail, and state institutions are reluctant to intervene. Psychological abuse, the deprivation of resources for physical and psychological needs, and the commodification of women, through trafficking and prostitution, are also important dimensions of gender violence. Women are usually the victim of domestic violence due to unequal power relationships between men and women, a structural phenomenon embedded in the context of cultural, socio-economic and political power relations. Societies organized around gendered, hierarchical power relations reduces women dependency to economics and emotions and as the property of some male protector give legitimacy to violence against women [3].

Women are most likely the victim of violence by their intimate partner (IPV). Women are even more prone to murder by their intimate partner than men are. Studies revealed that husbands or boyfriends commit 40-70% of murders of women [4-6]. The relationships that is out of wedlock is commonly called dating violence

whereas, in the context of marriage it is called domestic violence. Most of the IPV tends not to report to police and thus many experts believe that the true magnitude of the problem is hard to estimate [7-9]. Violence differs from one country to another because of cultures and religion [10-12]. Globally millions of women are experiencing violence or living with its consequences [12,13]. The causes and factors of violence against women were different from place to place and one person to another. Genital mutilation in Sudan is not considered as violence in the society, it is done by women request (mothers of girls). The prevalence of such violence shows that globally, millions of women are experiencing violence or living with its consequences.

The objectives of the study were to determine the types of violence against women in Khartoum, to verify who committed violence and to determine the effect of social factors on violence against women.

MATERIALS AND METHODS

This was a hospital-based, cross-sectional study to investigate violence against women in Khartoum, Sudan. The study was conducted in five hospitals in Khartoum. The Hospitals were Khartoum teaching hospital, Omdurman maternity hospital, National Ribat University hospital, Khartoum North teaching hospital and Al-banjadeed teaching hospital.

The sample size was calculated as 299. Data was collected by using a pre-tested questionnaire and clinical examination after obtaining ethics approval and a written informed consent. Analysis of data was performed by SPSS version 22. Comparison between qualitative data was performed by chi-square test and p value less than 0.05 Was considered significant.

RESULTS

Table 1 Shows socio-demographic characteristics of violated women. Age of 18 years and less were 15.4%. Age groups between 19 - 28 years and more than 28 years were 64.5% and 38.1% respectively. Violated women who were illiterate, primary, secondary and university level of education were 18.7%, 37.5%, 39.8% and 4.0% respectively. Housewives were the mostly affected by violence followed by students 57.2% and 24.4%.

Table 1: Sociodemographic characteristics of violated women, 2013.

Sociodemographic factor	Frequency	%
Age group in years		
18 and less	46	15.4
19-28	139	64.5
>28	114	38.1
Education		
Illiterate	56	18.7
Primary	112	37.5
Second school	119	39.8
University	12	4
Occupation		
House wife	171	57.2
Student	73	24.4
Laborer	42	14
employee	9	3
child	4	1.4

Table 2: Type of person who violated females.

Person	Frequency	%
Husband	107	35.8
General community member	95	31.8
Family members	57	19
first degree Relative	40	13.4
Total	299	100

Table 2 shows the person who committed violence against women. A community member, one of the family members and a first degree relative were responsible for 31.8%, 19% and 13.4% of violence against women respectively.

Table 3 shows types of violence against women were, hitting is the most common type of physical and psychological types of violence were hitting and depression constituted 42.5% and 10.4% respectively. The most common type of Obstetric & gynecological violence was genital tract trauma (32.5%).

Table 4 shows the relation between physical violence and level of education. Hitting is the most common type of physical violence for women from all educational levels. Women of higher education level (above primary) were most affected by hitting compared to illiterate and those who had primary education (51.9% versus 35.1%, $p=0.001$).

DISCUSSION

The current study aimed at exploring violence against women in Khartoum, Sudan. The most common type of violence against women according to our results is physical (82.9%), Followed by sexual (27.4%), in USA violence against women was mostly sexual followed by physical [14,15]. Results also contradict Aliakbar

Table 3: Types of violence against women.

Types of Violence	Frequency	%
Physical		
Hitting	127	42.5
Knife trauma	67	22.4
Burning	59	19.7
Poisoning by hair dye	46	15.4
Total	299	100
Psychological		
Depression	31	10.4
Anxiety	26	6.7
Suicide attempt	20	6.7
Total	77	25.7
Obstetric & Gynecological		
Genital tract trauma	97	32.5
Preterm labor	80	26.7
Rape	32	10.7
Abortion	90	30.1
Total	299	100

et al. who found that psychological violence is the most common type of violence against women in Iran [16]. This difference could be due to religious and cultural differences. In a study by the World Health Organization (WHO), between 15% and 71% of Women Worldwide reported experiencing physical and/or sexual violence at the hands of an intimate partner at some point in their lives [9]. This may be due to laws and cultural rules that prevent most of sexual violence in Sudanese community. Hitting is the most type of physical violence against women and it is associated with education level

Table 4: Association between physical violence and education level n=299.

Education level	Types of physical violence					p
	Hitting No. (%)	Poisoning No. (%)	Burning No. (%)	Blunt injury No. (%)	Total	
Primary/ illiterates	59 (35.1)	31(18.5)	41 (24.4)	37(22.0)	168 (37.5)	0.001
Above primary	68 (51.9)	15 (11.5)	18 (13.7)	30 (22.9)	131 (39.9)	
Total	127 (42.5)	46 (15.4)	59 (19.7)	67(22.4)	299 (100%)	

of the victims, however, all educational levels are affected by hitting as the most type of violence against women. In a study conducted in India, it was reported that slapping is the most practiced act of physical assault against women [17].

The most common age of women affected by violence in this study was between 19-28 years. This result is in line with the findings of other studies [15,18]. This may be explained by the fact that women get married early in Sudanese community. At this age women were commonly sharing activities with the community and contact with others, this may increase the risk of violence.

Violence against women is more among illiterate women and women with lower level of education compared to the graduates [14,19]. Our analysis showed that the most affected women were house wives, this finding is consistent with the findings of Ali AA who found that 65.1% of the violated women were housewives in Eastern Sudan [20]. This result is inconsistent with the study conducted in USA in which most of the victims were working [14,18]. This finding may be explained by cultural differences.

The study showed that husbands are the most responsible for violence against women, these results are consistent with Sysavanh et al. studies [14,18]. This may be due to the continuous contact between couples that facilitates counting all behaviors over a long period of time.

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