



Knowledge, attitude and performance of pregnant women towards homemade violence in health centers in Hamedan University of Medical Sciences

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ABSTRACT

Homemade violence of husbands during pregnancy is a bitter experience and according to many complications for the mother and fetus can affect the outcome of pregnancy. Therefore, this study aimed to assess the knowledge, attitude and performance of pregnant women toward the homemade violence of husbands during pregnancy is conducted. In order to apply the results for the prevention and early detection of mother and family health. This study was done with aim of determining the knowledge, attitude and performance of pregnant women toward the homemade violence of husbands in women referred to control centers during the pregnancy associated to Hamadan University of Medical Sciences in 2013-2014. In this descriptive study, 384 pregnant women referred to health centers affiliated to Hamedan University of Medical Sciences were assed with simple random sampling method for 6 months. The data collected through the researcher made questionnaire consists of four sections: personal information, questions to assess knowledge, attitude and performance of pregnant women toward misbehavior of husbands was completed through interviews of research units. In order to analysis the data, Chi-square test and SPSS software version 18 was used. The average score of knowledge, attitude and performance of pregnant women in order were, 12.23 ± 6.27 out of 30, 56.90 ± 5.91 out of 84, 11.14 ± 1.34 out of 15. In total, 58 of subjects (15.10%) of the samples had good knowledge and 8 subjects (2.8%) positive attitude, and 378 (43.98%) achieved the desired performance. Statistical tests showed a significant relationship between knowledge with occupation and education. Also there was a significant relationship between subjects attitude score with education, occupation, and number of pregnancies. ($p < 0.05$). The results of studies showed that there was a direct and significant relationship between knowledge with attitudes, and knowledge and performance. ($p = 0.001$). According to the findings, average knowledge and attitude of the majority of the samples were neutralized and most mothers have a good performance. As regards that misbehavior against women had unpleasant consequences during pregnancy and after that mother and child to follow Increasing awareness and educate the community in meeting the challenges of the transition can be effective in reducing this phenomenon.

Keywords: Knowledge, Attitude, performance, homemade violence, pregnancy

INTRODUCTION

Nowadays, despite the scientific progress, there is still the problem of misbehaving with women as an acute social problem. This issue is known as one of the important cases of human rights violations which are common in all cultures and have stable and devastating effects on various aspects of women's lives.(1)

The most common form of violence against women is violence in family or domestic violence. (2)

And in other words, the domestic violence is a pattern of behavior through recourse to creation of fear, threat, and bothering behavior in order to exert power and control over a person is called. (3)

Misbehavior includes three general categories of physical misbehavior, sexual and emotional-mental. On the other hand, hurting wife includes mistreatment of opposite subject (spouse) in any close relationship with him/her. According to the World Health Organization report of some survey in 2005, more than 45% of the pregnant women have mentioned a history of hurting wives in pregnancy. On average, 2.5-33.7% of all pregnant women are at the risk of misbehaving of husbands during the pregnancy. (4).The prevalence of domestic violence in Iranian pregnant women has been reported in more than 60% of cases. (5-7). in pregnancy, In addition to the violence affecting the mother, it can directly or indirectly affect the health of the fetus. (8-9) Violence against women is a social, legal and health problem that is considered as additional threat to the mother and fetus. (10)

Pregnancy alone imposed a lot of physical and psychological pressures on women and of course, coupled with other stress factors such as violence can cause adverse effects on the fetus and the mother that these complications would increase the death of mothers and also infants. (11)

Probably except the Pre-eclampsia, the prevalence of misbehavior during pregnancy is more than all medical conditions that are routinely diagnosed through prenatal screening. (12, 13, 14)

The results of the studies show that complications of pregnancy are associated with violence during the pregnancy would directly or indirectly through physical or sexual trauma, through stress leads to complications such as abortion (15) early delivery (10, 10, 16, 17) the birth of babies with low weight and early time of birth (9, 10, 11, 15, 16) early separation of placenta and Corioamnionitis (10, 12) low Apgar score of fetus and Cesarean delivery and Psychological problems.

Therefore hurting the wife would be collection of intervention causes that threaten the health of family. Continuous smoking of the wife, unwanted pregnancy, low levels of family support from wife, low level of education of woman toward the man, number of children more than 3-4, getting married younger than 20 years old, husband addiction to alcohol and drug, unemployment of husband, low income of family, and in the second half of pregnancy, the main causes is subjecting woman to violence during the pregnancy. (17)

According to the complications of husband misbehavior directly, it may be needed to examine the underlying structures of behavior which is consist of knowledge and public attitudes toward domestic violence as a means of contributing to this sensitive issue could serve. In any society, there are believes, beliefs, tendencies, and special behavior patterns that their understanding before codification of health education programs is essential. Although, knowledge is not the same behavior but can be a determining behavior. Measurement of attitudes, beliefs and knowledge can help to understand steps and training behavior. Knowledge attitudes and beliefs can be considered in form of barriers to behavior change as a factor in the process of changing behavior must change and to be considered as a factor strengthening intervention messages. (18)

Since having a healthy society, the aim of every person who lives in it, and health of family foundation should also be considered and lack of knowledge about husband`s misbehavior during pregnancy causes a negative attitude and Undesirable performance of women in facing with husbands ` misbehavior. Therefore, inform and increase awareness of pregnant women can lead women to be dealing more logical with this matter. Therefore, whereas up to now no study have done on knowledge, attitude and performance of Iranian women, the researcher decided to conduct a study in this ground to help the health of mother, fetus, and family and will also increase society health level.

EXPERIMENTAL SECTION

This study is a cross-sectional study on 384 pregnant women who referred to maternal care clinics in Hamadan city in 2013-2014. Sampling was through available and cluster. So that first of all Hamadan was divided to four regions North, South, East and West and from any area one clinic and a health center was selected randomly. Then among selected centers and clinics, samples that include all pregnant women who referred for pregnancy routine cares to these centers, were collected for 6 months. There was no obligation to participate in research and all participants with knowledge of the study and after completing informed consent form were enrolled. Inclusion criteria included: pregnant women with Iranian nationality, regardless of age, at least literate, do not having any known physical and mental diseases and obstetric problems. Exclusion criteria included the relocation of residence and refusing to continue the study for any reason. Tools used in this study are researcher questionnaire. Data was collected through Demographic information questionnaire and the researcher-made questionnaire. The validity of the questionnaire was confirmed by a group of nursing and midwifery professionals. Tool reliability by means of a pilot study on 35 pregnant women using Cronbach's alpha was 0/93 for knowledge and 0/80 for attitude and 0/89 for performance. The original questionnaire had 63 questions in 3 separate parts of knowledge, attitudes and performance that evaluate the misbehavior towards subjects during pregnancy and included 30 questions about knowledge, 28 questions about attitude, and 5 questions of performance measurement. There is only one correct answer for each question of knowledge measurement. The answers were rating in form of 3 options of Yes (grade 1) No (zero) and do not know (zero) so that 0-9 grades had poor knowledge, 10-19 had moderate knowledge, and 20-30 had good knowledge. In attitude section, sentences with positive nature to any of the comments agree (score 3), I have no idea (Score: 2) and strongly disagree (score 1) was awarded.

In sentences with negative nature scoring was reversed. Questions 1, 2, 3, 4, 5, 6, and 25 are reverse scored. so that scores of 28-46 indicate a negative attitude, neutral attitude 47-65 and 66-84 were positive attitude. Questions relating to the performance were developed in seven options. Options A, B, D (score 2) and Option C (score 3) and the options F and G (score 1) was given. So that the 5-10 scores indicate undesirable performance and 10-15 indicate desirable performance.

Finally, responding to less than 50% correct answers indicate a poor knowledge, negative attitudes, undesirable performance and 50%- 75% correct answer represents a moderate knowledge, neutral attitude, and if correct answer was over 75% indicate knowledge and good performance and positive attitude were considered. For data analysis, descriptive statistics (frequency distribution, mean, standard deviation) and inferential statistics were used. To determine the relationship between the data obtained by dividing the variables of occupation, education and number of pregnancy chi-square test was used. All data were analyzed by spss software version 17 and p-value <0.05 was considered as significant level. Also all moral issues of Declaration of Helsinki of the World Health Organization have been respected.

RESULTS

Of 384 pregnant women the most frequently (42.2%) was in the age group 25-30 years old. And 196 (51%) had a high school education and diplomas. 178 subjects (46.4%) were housewives. Spouses' age of the subjects (38.5%) was in the age group 25-30 years. The majority of subjects, 159 subjects (41.4%) at time of getting married were 20-25 years old, and 203 subjects (52.9%) 1-5 years were passing from their marriage. 228 subjects (59.4%) experiencing their first pregnancy. And the majority of them were Kurd (30.5%) and resident in village (57.8%). 65 subjects (16.9%) of the subjects had unwanted pregnancy. And 40 (10.4%) had a history of drug or alcohol addiction. 223 subjects (58.1%) stated that family income is sufficient And 143 (37.2%) their family income was not enough. 358 subjects (93.2%) of the women didn't have the history of misbehavior during pregnancy. While 26 (6.8%) of pregnant women mentioned misbehavior of their husbands during the pregnancy. In terms of prevalence (3.6%) experience emotional misbehavior, 5 (1.3%) experienced sexual misbehavior and 4 (1%) had physical misbehavior. Average score of mother knowledge was 12.23 attitudes mean score was 56.90, and average performance score was 11.14.

(Table 1) Distribution of subjects according to the demographic characteristics of pregnant women

| characteristics | | Frequency | Percentage |
|-----------------|------------------------------------|-----------|------------|
| Education | Literacy | 11 | 29.9 |
| | High school and diploma | 196 | 51 |
| | Post diploma and Bachelor's Degree | 177 | 46.1 |
| Occupation | Housewife | 178 | 46.4 |
| | Employee | 168 | 43.8 |
| | Labour | 26 | 6.8 |
| | Others | 12 | 3.1 |
| Pregnancy age | 15-28 week | 22 | 5.72 |
| | 29 weeks and more | 84 | 21.87 |
| | Others | 182 | 47.39 |

| characteristics | | Frequency | Percentage |
|---------------------------------|--------------|-----------|------------|
| Duration of marriage (years) | Less than 1 | 8 | 2.1 |
| | 1-5 | 203 | 52.9 |
| | 5-10 | 118 | 30.7 |
| | 10-15 | 43 | 11.2 |
| | Over 15 | 384 | 100.0 |
| Number of pregnancy | 1 | 228 | 59.4 |
| | 2 | 129 | 33.6 |
| | 3 | 27 | 7.0 |
| Lodging | City | 162 | 42.2 |
| | village | 222 | 57.8 |
| (Age at time of marriage years) | Less than 20 | 134 | 34.9 |
| | 20-25 | 159 | 41.4 |
| | 25-30 | 58 | 15.1 |
| | 30-35 | 33 | 8.6 |

Statistical analysis showed a significant relationship between level of education and knowledge ($p=0.01$) so that 1 subject (9.09%) who were literate enough to read and write had good knowledge While 33 of subjects (16.83%) of women who had diploma had good knowledge. Also there was significant relationship between subjects knowledge and their occupation ($p = 0.01$) So that 76 subjects (69.42%) of housewives women had moderate knowledge. And knowledge of 79 (47.027%) of employees women was good. There was no relation between number of pregnancy and knowledge score ($p = 0.14$).

Also there was significant relationship between subjects attitude and occupation ($p = 0.002$), education $p = 0.03$ and number of pregnancies ($p=0.04$) so that 10 subject (90.90%) had Primary education, 179 subject (91.32%) had diploma, 164 subjects(92.65%) had post diploma and more and 302 subject (91.23%) were in the first pregnancy, 28 subjects(96.55%) were in the second pregnancy, 23 subject (95.83%) were in third pregnancy and more had neutral attitude.

(Table 2) Frequency of knowledge, attitude and performance to violence during pregnancy

| Knowledge | | Attitude | | Performance | |
|-----------|------------------|----------|------------------|-------------|------------------|
| Rate | Number (percent) | Rate | Number (percent) | Rate | Number (percent) |
| Poor | 153 (39.58%) | Negative | 23 (5.95%) | Desirable | 378 (98.34%) |
| Moderate | 173 (45.05%) | Neutral | 353 (91.92%) | undesirable | 6 (1.56%) |
| Good | 58 (15.10%) | Positive | 8 (2.08%) | | |

There was significant relationship between performance score with education ($p = 0.003$), while There was no significant relationship between performance score with occupation ($p = 0.12$) and the number of pregnancies ($p = 0.11$). There was direct and significant relationship between knowledge and attitudes, knowledge with performance, and also attitude and performance ($p=0.001$)

In this study most of the subjects (173 subjects) had average knowledge, (353 subjects) had neutral attitude and (378 subjects) had desirable performance.

DISCUSSION AND CONCLUSION

Several studies on screening, prevalence and risk factors for misbehavior during pregnancy have been done. (2, 3, 4, 5)

While no research have been conducted on knowledge, attitude and performance of pregnant women toward misbehavior during pregnancy. In a phenomenological study in 2003 on women who had experienced the domestic violence, results revealed that Women described the event in different ways which reflect their different attitudes; most of them described their husbands' misbehavior as a devastating experience Which reduces confidence and self-esteem of them Some women report that even when they were not direct physical violence was still feeling unsafe (19)

In this study most subjects had moderate knowledge and neutral attitude that this indicates the need for training and increasing knowledge. The mean ages of the subjects were between 25-20 years. The mean knowledge score was moderate and there was a significant relationship between knowledge score with occupation and women's occupation. Most of subjects had natural attitude and most of subjects had favorable performance. And there was a significant relationship between performance score and education. But there was no significant relationship between performance score with subjects' occupation and number of pregnancies.

Prevalence of violence in this study was estimated 6.8 percent. The most common type of violence, were emotional and sexual. And then there were physical and economic misbehavior. Mazz in a research has shown that 42/3% women in the study were subjected to sexual harassment without contact. This harassment involves the use of threatening or insulting with words that had sexual connotations and 35.7% were subjected to sexual harassment by contact.

However, in some cultures, forced into sexual intercourse when the person is married, is not considered as rape. But this issue in view pint of psychologist is known as domestic assault. (20) In the study of Banafshe Baheri (2008) 4.2% of subjects had experienced moderate and severe violence during pregnancy. The most common type of violence was emotional misbehavior which was consistent with our study. (21) Also Dolatiyan and Taher khani (2007) in their studies, the most common type of violence reported emotional violence.

Hassan and Kashaniyan in their study (2012) stated the emotional violence as the most common type of violence with prevalence of 46% during pregnancy, which was consistent with present study. (24) But in the study of Hesami (2010) results indicate that the prevalence of sexual misbehavior was more which were not consistent with present results. In the study of Soleimani and et al also the most common misbehavior was emotional misbehavior with wife which was consistent with present results and after that physical misbehavior had more prevalence which was not consistent with the present study results. Perhaps the difference in age of the participants and the type of instrument used in this study suggests that the researcher had made the difference. In this study, the prevalence of physical misbehavior was 1%. While in the study of Rodrigues physical misbehavior reported 9.7%. It seems that Various reports of frequency of misbehavior towards wife in different countries and based on that, due to cultural, economic, social, family, type of tool used and also is the accuracy of the response by subjects. (27)

In most cases, after the peak of psychological violence, physical violence is reported. So women who are at risk of physical injury experienced the mental and Psychological stress due to insult and fear of worse and more difficult persecution.

The consequence of physical violence is mental disorder. Previous studies have shown that for many women frequent psychological violence may be more traumatic than physical violence. Furthermore, research has shown that psychological violence and often may underlie Physical violence and progress from mental violence to physical violence can occur in less than 12 months. (22)

In this study, the majority of pregnant women were employees and they and their husbands were literate. Most of the subjects have experienced first pregnancy and 10.4% of them had history of drug or alcohol addiction. In line with

the results of research of Baheri, there was relation between average score of sexual violence and physical violence with education, occupation of women and use of drug. (19)

In addition, study result of Nogomi, there was a significant relationship between physical violence with Low level of mother education which was consistent with present study result. (28)

Also Hessami in his study concluded that there was a significant relationship between domestic violence with education level of mother and marriage duration and number of pregnancies. (25) Dolatian has showed the similar result that relationship with lower level of education of women and the short duration of marriage with higher violence. Low educational level of women is a risk factor not to be aware of their social rights and its consequence is a form of violence from husband (22) In this regard, the World Health Organization in 2005, Thompson et al in 2006 showed that lower levels of education reported higher rates of husband misbehavior. Shams EsfandAbad and et al have reported the more physical harassment in women with education lower than diploma. (23)

In the present study, there was a significant relationship between levels of education with knowledge, attitude and performance of women to violence during pregnancy which is consistent with results of previous studies. In other words, women who had lower knowledge, attitude and performance, have experience more violence. While in a conducted qualitative study Women with higher levels of education had higher rates of domestic violence which was not consistent with the result of present study.

In the present study there was a significant relationship between the level of education with knowledge and attitude and performance of women to violence during pregnancy which is consistent with results of previous studies. In other words, women who had lower the knowledge; attitudes and practice have experienced more violence. While in a conducted qualitative study, higher levels of education of women to men was associated with higher rates of domestic which was not consistent with the results of the present study. Perhaps the difference in educational level of women with their couples the balance of power in the relationship between men and women is disturbed and feeling of confidence and control of man is taken and cause aggression and violence by him. (29) In this study, most of samples (41.4%) at the time of marriage were 20-25 years old and 1-5 years passes from their marriage which was consistent with the study of Taherkhani that there was a significant relationship between being younger at the time marriage and short duration of marriage with misbehavior of couple which was consistent the result of present study. (23) While in the study of Solimani there was no significant relationship between age of subject at the time of marriage and duration of marriage with the prevalence of misbehavior by their husbands which was not consistent with result of our study. (26)

Present Contradictions could be due to the applied tool and understanding of mother of violence and its definition. According to high prevalence of domestic violence and its adverse effects and sometimes it is impossible to compensate for the fetus and mother and poor knowledge and restricted attitude of mother toward domestic violence, investigating and measure the knowledge is factor related to domestic violence and their attitude towards the issue in the assessment and planning to deal with it, is very important. Obviously it needs to intervene, not only to reduce damage to the mother but also as a prevention tool for children who live in a violent relationship. (22)

Statistical analysis showed that with the increase of knowledge significantly the attitudes of subjects increased and performance score will improve. Since most pregnant women have introduced the health care personnel as the source of their information and according to sensitive and key role of health personnel considering that one of the essential points of improving knowledge attitudes and performance is proper education. Necessity of educating health care personnel about screening of misbehavior during pregnancy by couple is seemed. Bucchus in 2002 about this matter writes that little number of women who have experienced domestic violence tend to voluntarily talk about the symptoms of negative attitude and low knowledge of women towards this issue. (30) In the present study second source to obtain information on pregnant women was radio and television. Therefore, Strengthening radio and television program and other mass media in order to empower people to take care of their families, is essential.

Islamic Republic of Iran Broadcasting has to do more effort in order to improve the knowledge of people. Also with holding educational workshops effective communication and living skills can resolve many conflicts couples living dramatic reduction in domestic violence cases. In the next studies strategies to increase knowledge and women attitude about domestic violence have been investigated. The weak points of this study according to cultural and social conditions of subjects, questions related to social may hardly and were reluctant to answer.

The next research would investigate the ways to increase knowledge and improve women attitude toward domestic violence and also interventions that cause the reduction of damages during the pregnancy and examine its effectiveness.

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