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RESEARCH

Psychosexual impact of violence against Tunisian women in marriage: Cross-sectional study about 197 consultant in family planning centre of Monastir[☆]



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KEYWORDS

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Sexuality;
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Depression

Summary The objective of this study is to explore the relationship between the violence against women in the marriage and anxiety and depression symptoms and sexual disorders. It was a descriptive and analytical cross-sectional study carried on 197 married women recruited in family planning centre of Monastir, which were assessed by the Woman Abuse Screening Tool questionnaire, the Hospital Anxiety Depression questionnaire, the Female Sexuality Assessment questionnaire and the Azrin's Marital Satisfaction scale. The lifetime prevalence of violence against women in the marriage was 56.9%. The frequency of anxiety and depressive symptoms was three times higher among women victims of violence: 33.9% versus 10.5% ($P < 0.0001$) for anxiety symptoms and 17.8% versus 5.9% ($P = 0.012$) for depressive symptoms. Women victims of violence reported more frequently decreased desire, arousal and response disorders and decreased sexual satisfaction. These results justify the implement of screening and support programs for women victims of violence in marriage.

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Introduction

In recent decades, violence against women in marriage has been considered as serious problem in its extent and effects. Violence against women is now recognized as a violation of human rights and as a public health problem. Current literature agrees that violence against women in marriage greatly affects the lives and health of women; it is associated with increased morbidity and mortality, limitations in lifetime (Krantz and Moreno, 2005; Plichta, 2004). The perception

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of the quality of life of victims is degraded and is associated with a high incidence of mental disorders (Adeodato et al., 2005). In this context, we conducted this study, which aim to explore the relationship between violence against women in marriage and anxiety depression problem on the one hand, and disorders of female sexuality on the other hand.

Methods

It is a descriptive cross-sectional and analytical study carried on 197 married women recruited in family planning centre of Monastir during a two-month period: from 1st November to 31st December 2011.

The population of study was composed of women consultants at the centre of family planning during the survey period. The recruitment of participants was random from the enrolment register. The inclusion criteria were:

- married women at the time of the survey;
- women agree to participate in the study.

Exclusion criteria were:

- women aged over fifty years;
- menopausal women;
- the women accompanied by their husbands or toddler.

Finally, 197 consultants were recruited, representing approximately 16% of the total number of consultants during the study period. The consultants were assessed by the Woman Abuse Screening Tool questionnaire, the Hospital Anxiety Depression questionnaire, the Female Sexuality Assessment questionnaire and the Azrin's Marital Satisfaction scale.

The Woman Abuse Screening Tool (WAST) is a tool developed by Brown in 1996 (Brown et al., 2000), to detect the physical, psychological and sexual forms of violence among women. The questionnaire can be used in different contexts of practice and administered by a health professional and social professional or self-administered. In our work, we added a question about the economic violence.

The Brief Index of Sexual Functioning for Women (ITSO-W) is developed by Rosen. It is composed by 22 questions, grouped into seven areas exploring all of female sexuality: D1 (desire), D2 (excitation), D3 (frequency of activity), D4 (responsiveness), D5 (pleasure), D6 (relational satisfaction), D7 (problems affecting sexuality) in order to evaluate the various aspects of female sexual function (Mazer et al., 2000). This questionnaire has the advantage of being simple administration and interpretation, leading to detect a quantitative and qualitative problem of the sexual experience.

The questionnaire of marital satisfaction of Azrin assesses a scale of 1 to 10, satisfaction experienced at the behaviour of the partner in the relationship of the couple (household responsibility, children's education, social activities, money, communication consultant, sexuality, progress in employment, independence, general happiness) (Azrin et al., 1973).

The questionnaire: hospital anxiety depression (HAD) standardized assessment of symptoms of anxiety and depression in the context of a non-psychiatric medical consultation. It consists of two subscales anxiety one explores (HAD-A) and the other depression (HAD-D). Each subscale consists of seven questions, each subscale consists of seven questions (Guelfi and Doublet, 1992).

The statistical treatment was performed by SPSS Version 17 software. In the descriptive part, we used the frequency and percentage. In the analytical part, we used the "Chi²" test for qualitative variables and the test "t" Student for quantitative variables. A threshold of 5% was set for significant associations.

Results

Socio-demographic characteristics

The average age of consultants was 32.32 ± 5.94 years with extremes of 19 and 50 years. The average age of spouses was 37.37 ± 5.86 years with extremes of 24 and 65. An age difference between spouses more than three years was noted in 78.2% of couples. The marriage was on average 7.61 ± 5.37 years. More than half of women (53.8%) had married for at least three years. More than half of consultants (53.8%), but also their spouses (58.9%) had a primary school level.

Approximately the halves of consultants (41.6%) were housewives, 27.4% were skilled workers and 26.4% were unskilled workers. About spouses, more than half (54.8%) were skilled workers and 40.1% were unskilled workers. Depression history was reported by 4% of consultants. More than 40% of consultants had a history of voluntary interruption of pregnancy. About addictive behaviour, more than half of spouses were smokers (52.3%) and almost a third (30.5%) consumed alcohol.

Violence against women in marriage

More than half of consultants (56.9%) reported that they were victims of violence in marriage, at least once in their lives. The most common form of violence was psychological (56.9%), followed by economic violence (41.1%), physical violence (32%) and sexual violence (10.6). Most consultants victims of violence reported that having suffered: two forms of violence in 33% of consultants, three forms in 36% of consultants and four forms in 15% of consultants.

Anxiety and depressive states

The prevalence of anxiety disorders (score ≥ 8 subscale HAD-A) was 23.9%. The prevalence of depression (score ≥ 8 subscale HAD-D) was 12.7%. The association of anxiety and depressive symptoms was observed in 19.3% of consultants.

Disorders of female sexuality and marital satisfaction

Sexual dysfunction may be the result of a disorder of desire, arousal disorder or a disorder of sexual response. The

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